



APPLICATION FOR ADMISSION 2017-2018
 8140 Auburn Road . Concord Twp., OH 44077 . www.auburncc.org

School You Attend _____ School District You Live in _____

Student Last Name _____ First Name _____ Middle _____ Birth Date _____

Preferred Phone Number to Contact Parent/Guardian _____ Student Cell Phone _____

Is anyone in your family an Auburn alumni? Yes/No If yes, Name _____ Program _____ Year _____

Career Tech Program - Indicate First Choice with 1 and Second Choice with 2:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Computer Networking | <input type="checkbox"/> Heating, Ventilation & Air Conditioning | <input type="checkbox"/> Patient Care Technician |
| <input type="checkbox"/> Allied Health Technology | <input type="checkbox"/> Construction | <input type="checkbox"/> Industrial Maintenance Services | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Architecture & Project Management | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Information Support & Services | <input type="checkbox"/> Teaching Professions Pathway |
| <input type="checkbox"/> Automotive Collision Repair | <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Interactive Multimedia Technology | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Electrical Engineering Prep | <input type="checkbox"/> Internet Programming & Development | |
| <input type="checkbox"/> Business Management Technology | <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Landscape Horticulture | |

Primary Household Information *(where student resides)*

Parent/Guardian Name _____ Relationship _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Home Phone _____ Work Phone _____
 Employer _____

Spouse/Other Name _____ Relationship _____ Email _____
 Cell Phone _____ Work Phone _____ Employer _____

Secondary Household Information *(if applicable)*

Parent/Guardian Name _____ Relationship _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Home Phone _____ Work Phone _____
 Employer _____

Spouse/Other Name _____ Relationship _____ Email _____
 Cell Phone _____ Work Phone _____ Employer _____

Emergency Contact Name *(not otherwise listed)* _____ Relationship _____
 Address _____ Daytime Phone _____

<p>To be completed by student.</p> <p>My future career goals are: _____</p> <p>_____</p> <p>_____</p>	<p>I plan on applying to College Credit Plus (CCP)? ___Yes ___No</p> <p>I plan on attending College Credit Plus (CCP): (check one)</p> <p>_____Lakeland Community College ___My Own School ___Other</p> <p>For _____Academic Classes ___Career Tech Courses</p>
--	--

For students on IEP's, best practice dictates that an Auburn Career Center representative be invited to the IEP/transition meeting, in which the placement decision will be made. Please contact Suzanne Holmen at (440) 357-7542 ext. 8151.

I understand that the success of this training depends upon my daughter's/son's interest, initiative and regular attendance in this two-year course of study. I give my permission to release any test scores and grades that will assist my child with graduation and completion of Auburn Career Center.

Parent or Guardian's Signature of Approval: _____ Date: _____

***Return completed application to your school Guidance Office before January 13, 2017 to be considered for Phase I acceptance.
If you have any questions, please call Barb Gordon at 440-357-7542, ext. 8110***

<p>To be completed by associate school guidance counselor. Please attach student's transcript and current report card.</p>				
Attendance (List number of days absent)		Grade 9 _____	Grade 10 _____	
Is this student on track to have Junior Status/Core credits? Yes _____ No _____ (2 English, 2 math, 1 science, and 1 social studies by the end of sophomore year)				
Academic Performance:	CUM GPA 4.0-3.0	CUM GPA 2.99-2.0	CUM GPA 1.99 – 1.0	CUM GPA below 1.0
Has this student had a career assessment? Y/N		If not, would you like them to be assessed? Y/N		
Comments: _____				
On the basis of expressed interest and academic performance, I recommend this student for the program indicated on the reverse side of this form.				
Counselor's Signature _____			Date _____	

ACC OFFICE USE ONLY:	Date Received _____	Interview Necessary _____	Enrolled _____	Wait List _____
-----------------------------	---------------------	---------------------------	----------------	-----------------

Equal Education Opportunity
The Auburn Career Center does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination policies.

Title VI:
School Counselor
440-357-7542, x8014

Title IX:
School Counselor
440-357-7542, x8031

Section 504:
VOSE Coordinator
440-357-7542, x8151