

Application

Heritage High

- Building Trades
- Information Technology Systems
- Cosmetology
- Early Childhood Education
- Nurse Aide
- Cyber Security

Return this
form to your
counselor

E.C. Glass High

- Auto Service Technology
- Criminal Justice
- Culinary Arts
- Dental Careers
- Precision Machining

*See High School **Program of Studies** for course descriptions.*

Name: _____ Student #: _____

Address: _____

School: _____ Current Grade: _____ Counselor: _____

Age: _____ Date of Birth: _____ Gender _____

Phone #: _____ Parent/Guardian _____

First Choice: _____

Level of Interest	(not very interested)	1	2	3	4	5	(extremely interested)
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Second Choice: _____

Level of Interest	(not very interested)	1	2	3	4	5	(extremely interested)
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Career Goal: _____

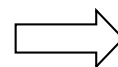
Plans after Graduation: __ Work __ 2yr College __ 4yr College __ Military

Work Experience: _____

Lynchburg City Schools does not unlawfully discriminate on the basis of sex, race, color, age, religion, disabilities, or national origin in educational programs and activities.

The cost of personal tools, equipment, insurance, uniforms, and club dues varies by course.

Continue on the back



In your own handwriting, briefly state why you want to enroll in the course(s) you selected

First Choice:

Second Choice: (optional)

Student Signature _____

Date: _____

Most CTE courses can only have 20 students enrolled due to OSHA regulations and the hands-on learning experience. Therefore, these applications will be used to help teachers choose the most suited students for the individual programs. Students will also be selected based on grades, attendance, an acceptable behavior record, successful completion of prerequisite courses, teacher's comments and school counselor evaluations. Note: Incomplete applications will not be accepted.

Counselor Use Only

Counselor/Teacher Evaluation of Applicant

Please Rate the applicant in the areas listed below: (Place a check mark on the line for each item)

Unsure Below Average Average Above Average Excellent

Attitude/Motivation	←-----→
Attendance/Punctuality	←-----→
Academic Skills	←-----→
Interpersonal Skills/Respect	←-----→
Follows Directions/Cooperative	←-----→
Judgment/Reasoning	←-----→

Additional Comments: (optional)

Counselor Signature: _____

Date: _____

IMPORTANT: If the applicant is a special needs student, please check which one applies ___ 504 Plan ___ SPED

Reminder: Attach a copy of the applicant's current grades, transcript, attendance record, and discipline report.