

Capital Area Career Center

Enrollment Application 2012 - 2013 School Year

****Due Date: February 20, 2012****

**** (Please Print Information) ****

Name _____
Last First Name Middle Initial

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Social Security Number

Address _____
Mailing Address City Zip

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Date of Birth

Email Address: _____

Mother or Legal Guardian Name: _____ Home Phone: (____) _____

Mother Mailing Address: _____

Place of Employment: _____ Work Phone: (____) _____

Father or Legal Guardian Name: _____ Home Phone: (____) _____

Father Mailing Address: _____

Place of Employment: _____ Work Phone: (____) _____

Home School: _____ Counselor's Name: _____

Present Age: _____ Year Graduate: 2013 2014 Male Female

Ethnicity: Alaskan Native/American Indian Asian American/Pacific Island
 Black, Non Hispanic Caucasian Hispanic Multiracial

Program Selection: Please indicate your first and second choice from the list below:

Agriculture & Industrial Mechanics
Automotive Technology/Serviceing
Building Trades
Cisco Networking Academy/IT Essentials
Collision Repair Technology
Cosmetology
Culinary Arts
Digital Broadcasting (Radio/Television)
Early Childhood Care & Education
Electrical/Heating, Ventilating & Air Conditioning

Emergency Medical Services (Senior yr. only)
Fire Science
Graphic Arts
Health Occupations I
Health Occupations II (CNA required)
Interactive Digital Media
Law Enforcement
Pharmacy Technician
Photography
Welding

First Choice: _____ Second Choice: _____

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Referred by _____ (name of current CACC student)

Important Notes to Students & Parent(s)/Guardian(s)

A registration fee of \$40.00 is required of all students enrolling in a Center program. The fee is payable to the Center beginning August 1st. Students attending the Center must provide their own accident insurance. It is recommended that students not covered under a family medical policy purchase student accident insurance available through the home school or CACC.

Students enrolling at CACC have the opportunity to obtain college credit for their CACC program in the form of Dual Credit. The number of credits and the type of credit earned is determined by the program in which the student is enrolled. For a listing of these, see the CACC Program Catalog or contact the CACC Principal for further details. Students may also have the opportunity to work towards state and nationally recognized certifications.

By completing this enrollment form for CACC, we authorize our son/daughter to be eligible for these credits. Some student information may be provided to Lincoln Land Community College or other schools providing these credits. There is no cost to the student for these credits.

The Capital Area Career Center offers career/technical educational opportunities without regard to age, race, color, national origin, sex, religion, or handicap. Additional information regarding this policy can be obtained by contacting the Center's Principal, Section 504 and Title IX Coordinator, 2201 Toronto Road, Springfield, IL 62712, (217) 529-5431.

This section must be filled out by your Home School Counselor/Dean

Dear Counselor/Dean:

Please fill this section out *in its entirety*. The information you provide is critical for CACC administration, staff, and instructors.

This application is for: AM PM

Does the student currently qualify for free or reduced lunch? Yes No
You will be asked to confirm this information during the 1st quarter of the school year.

Does the student have an IEP? Yes No

If yes, what is the student's disability category? _____
****PLEASE ATTACH A COPY OF THE STUDENT'S MOST CURRENT IEP****

Please provide any pertinent medical information. _____

School Official's Signature _____ Date _____