



Central Vermont Career Center

To be completed by the sending school Counseling Department, student and parent.



CVCC Student ID # _____
YRGR SCH IDENTIFIER

STUDENT INFORMATION

Date of Application: _____ Birthdate: _____ Age 1st day of program: _____
Last Name: _____ Student start date: _____
First Name: _____ Middle: _____ Year of Graduation: _____
Gender: M F Other: _____ Student Home Telephone: _____
(circle one)
Student Cell Phone: _____ Email: _____

Your grade level on first day of program: 9 10 11 12 13 (Adult with diploma) 15 (Adult without diploma)
(circle one)

Race/Ethnicity (Optional): Black Asian/Pacific Islander Hispanic
 American Indian/Alaskan Native White Other _____

STUDENT'S PHYSICAL ADDRESS (Street, City, Town, ZIP) _____

Town of Residence:		<input type="checkbox"/> Barre City	<input type="checkbox"/> Barre Town (Including So. Barre, East Barre, Websterville, Graniteville)	
<input type="checkbox"/> Cabot	<input type="checkbox"/> Calais	<input type="checkbox"/> Duxbury	<input type="checkbox"/> E. Montpelier	<input type="checkbox"/> Fayston
<input type="checkbox"/> Marshfield	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Montpelier	<input type="checkbox"/> Moretown	<input type="checkbox"/> Plainfield
<input type="checkbox"/> Waitsfield	<input type="checkbox"/> Warren	<input type="checkbox"/> Waterbury	<input type="checkbox"/> Other:	
Sending School:				
<input type="checkbox"/> Cabot	<input type="checkbox"/> Harwood	<input type="checkbox"/> Home Schooled	<input type="checkbox"/> Montpelier	
<input type="checkbox"/> Spaulding	<input type="checkbox"/> Twinfield	<input type="checkbox"/> U32	<input type="checkbox"/> Other:	

Career Center Programs Offered

IF RETURNING STUDENT, please check here: / COOP Program _____

Circle one or two programs of your choice.

Automotive Technology

Baking Arts

Building Trades

Cosmetology

Culinary Arts

Digital Media Arts

Electrical Technology

Emergency Services

(Must have documentation verifying ability to lift 50 pounds.)

Medical Professions **(Full Day)**

(If you only want half day - Circle One)

Intro to Medical Professions **(AM)**

Human Biology **(PM)**

Human Services

Natural Resources & Sustainable Tech

Plumbing and Heating

Exploratory Tech (Grade 10)

The Central Vermont Career Center does not discriminate on the basis of sex, race, color, national origin, religion, disability, sexual orientation, gender identity, and marital status in admission or access to, or treatment or employment in, its programs and activities.

Two Prog Visit _____

Entered In: ___ Infinite Campus ___ Admissions DB ___ Count

CENTRAL VERMONT CAREER CENTER

155 Ayers St., Barre, VT 05641-4300 * 802-476-6237 * FAX: 802-476-4045 * www.cvtcc.org

Student Application Information Continued

PARENT/GUARDIAN INFORMATION

Student lives with: Contact First

_____	Relationship: _____	Mailing Address: _____
Name	Daytime Phone: _____	_____
_____	Home Phone: _____	Cell Phone: _____
Email Address		

Contact Second:

_____	Relationship: _____	Mailing Address: _____
Name	Daytime Phone: _____	_____
_____	Home Phone: _____	Cell Phone: _____
Email Address		

STUDENT QUESTIONS

TO BE COMPLETED BY STUDENT.

*This is an important part of your application. Please answer questions completely.
If you need more space please attach a separate sheet.*

Please explain your current career goal, your post high school career plan , and how your personal learning plan supports your goals below:

List three words that you might use to describe yourself as a student:

Did your interest in this program arise from a visit to the Career Center program, a presentation, a relative or friend who works in this career, your own prior experience, or in some other way?

To be successful in a Career and Technical Ed Program, you will be expected to follow all safety procedures and pass a Safety Assessment within the first few weeks of school. Do you think you can meet this requirement?

CVCC programs have safety risks due to the nature of the equipment and tools used in those programs. We understand that care, caution and appropriate behavior are necessary to ensure a safe environment for oneself and others.

_____	_____	_____	_____
Student Signature	Date	Parent/Guardian Signature	Date

Central Vermont Career Center

Student Application Information Continued

MEDIA RELEASE

With this submission, I give the Central Vermont Career Center the absolute right and permission with respect to the photography/videography they may take of me, or in which I may be included with others, in this Center.

I understand CVCC will not publish my photographs or videos. I hereby waive any right that I may have to inspect or approve the finished photograph or the use to which it may be applied and release CVCC from any and all claims, including claims for libel.

I give permission for my child's image to be used: YES _____ NO _____

Student Signature

Date

Parent/Guardian Signature

Date

PLEASE COMPLETE

STUDENT ATTENDED:

Open House at CVCC _____

Middle School Presentation _____

CVCC Presentation at your school _____

CVCC Two Program Visit _____

Rosie's Girls _____

Women Can Do Conference _____

O V E R ----->

Central Vermont Career Center
Educational Information (to be completed by Counselor)

Student's Name _____ Grade Upon Entering _____
Last First Middle

Program _____

Counselor's Name(s) _____ Phone _____

Sending High School _____

Please **include copies** of the following with the application:

1. TRANSCRIPT (*Updated transcript required on all accepted students in June.*)
2. REPORT CARD (most recent)
3. PERSONAL LEARNING PLAN
4. GRADUATION PLAN

Please complete the following "Endorsement of Educational Planning for CVCC":

_____ is applying for admission to the Central Vermont Career Center
Student Name
for the school year _____ - _____.
Studying at Central Vermont Career Center in the program(s) represented in the application is in line with his/her
goals for the future and plan for graduation.

(Counselor Signature)

5. ATTENDANCE REPORT
6. TEST SCORES
7. DISCIPLINE & BEHAVIOR: **Please check ALL that apply:**
(Please provide a hard copy of discipline incidents.)

In or out-of school suspensions within the last year.

Other behavioral concerns:

No behavior or discipline issues.

RECOMMEND (please circle one):

(See place for counselor comment on page 5)

No Basis With Reservation Fairly Strongly Strongly Enthusiastically

I _____ believe that _____ can meet
(Counselor Signature) (Student)

the academic requirements of the program selected and can behave in such a manner as to ensure his/her safety and the safety of others. I verify that we have included the requested records of this student in their entirety.

Note: Special Educators and School Counselors are encouraged to invite the Central VT Career Center's Special Needs Coordinator (802-476-6237 Ext. 1258) to pre-enrollment meetings.

