BELMONT-HARRISON VOCATIONAL SCHOOL DISTRICT

VOCATIONAL APPLICATION

NAME: _____ _____ _____
(LAST) **(FIRST)** **(MIDDLE)**

_____ Career Center _____ Street Address

_____ **1st** Program Choice _____ City / Zip Code

_____ **2nd** Program Choice _____ Birth Date

_____ Date _____ Birthplace City

_____ Home School _____ Phone Number

_____ Present Grade _____ Social Security#

The Vocational Schools accept all students in their program choice unless they are not properly prepared for the program or the program is over-applied.

Why do you want to take this vocational program? _____

_____

Your Signature _____

Parent Signature _____

(Your signature commits the student to a two (2) week trial period in the class when school starts in the fall. Your signature also gives permission for your home school to release OGT scores to the Belmont-Harrison Vocational School District.)

HOME SCHOOL COUNSELOR SECTION:

Is this student a resident of your district?

Ohio Graduation Test Information (check if passed):

Writing	Reading	Math
Citizenship	Science	Other

Check Deficiences that may need to be met:

English	Mathematics	Science
Social Studies	Phys. Ed.	Health

Home School Counselor Comments: _____

_____

Home School Counselor Signature _____

VOCATIONAL EDUCATION PROVIDED AT

Belmont Career Center
110 Fox/Shannon Place
St. Clairsville, OH 43950
(740) 695-9130

Harrison Career Center
82500 Cadiz-Jewett Road
Cadiz, OH 43907
(740) 942-2148

It is the policy of the Belmont-Harrison Vocational School District to offer all services, employment and education activities without regard to race, color, national origin, sex, religion, disability or financial need.

OFFICE USE
DATE ACCEPTED _____ PROGRAM _____