BELMONT-HARRISON VOCATIONAL SCHOOL DISTRICT

HARRISON CAREER CENTER APPLICATION

NAME:_____ _____ _____

(LAST) **(FIRST)** **(MIDDLE)**

HARRISON 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 Career Center accepts students in their program choice if all established criteria and credit requirements are met.

Why do you want to take this vocational program? _____

_____

Student Signature _____

Parent Signature _____

Your signature commits the student to a one (1) week trial period in the class when school starts in the fall. Your signature also gives permission for your home school to release transcript and OGT scores to the Belmont-Harrison Vocational School District.

HOME SCHOOL COUNSELOR SECTION

Is this student a resident of your district? **Yes** ☐ **No** ☐ **Open Enrollment** ☐

Check deficiencies that may need to be met:

English	☐	**Mathematics**	☐	**Science**	☐
Phys. Ed.	☐	**Social Studies**	☐	**Health**	☐

Comments: _____

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VOCATIONAL EDUCATION PROVIDED AT:
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 ONLY
DATE ACCEPTED _____ **PROGRAM** _____