

JACKSON AREA CAREER CENTER REQUEST FOR ENROLLMENT

TO BE COMPLETED BY STUDENT - USE FULL LEGAL NAME

PLEASE PRINT NEATLY

Last Name _____ First Name _____ Middle _____

MAILING Address _____

City _____ State _____ Zip _____ School _____

Student Cell Phone _____

Date of Birth _____

Gender: Male Female

Current Grade: 8 9 10 11 12

Year of Graduation _____

Parent/Guardian you live with:

Name(s): _____

Relationship to you _____

Home Phone _____

Work Phone _____

Parent Cell Phone _____

E-mail _____

JACC USE

PS ID: _____

Enrollment Date: _____

Class Visit: _____

Wait List: _____

IEP Attended: _____

JACC CLASS CHOICE: _____

I have visited the class listed above: yes no

I would like: Morning Afternoon Either

TO BE COMPLETED BY LOCAL SCHOOL COUNSELOR

SHIFT NEEDED: AM PM Either After School

SPECIAL ED/CERTIFICATION: LD (area) _____

AI CI EI OHI 504 Plan Other _____

ADDITIONAL INFORMATION: McKinney-Vento Diabetic Plan Seizure Plan

Allergy _____ Other _____

Comments:

Counselor _____ Date _____

Out of County and non-public students: Ethnicity

Home Schooled - MUST attach a copy of student's birth certificate & immunizations.

It is the policy of the Jackson County Intermediate School District not to discriminate on the basis of race, color, religion, natural origin or ancestry, age, sex, marital status or handicap in its educational programs, activities or employment as required by the Title VI of the Civil Rights Act of 1964; 504 of the Rehabilitation Act of 1973; or Title IX of the Educational Amendment of 1972. In addition, arrangements can be made to ensure that the lack of English speaking skills is not a barrier to admission or participation. Direct inquiries to Director of Human Resources, 6700 Browns Lake Rd, Jackson MI 49201. Telephone: 517 768-5156