



# Central Vermont Career Center

## Student Application



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

CVCC Student ID # \_\_\_\_\_  
 YRGR                      SCH                      IDENTIFIER

**STUDENT INFORMATION**

**Date of Application:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age 1<sup>st</sup> day of program:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:** (circle one) M    F    Other: \_\_\_\_\_ **Home Telephone #** \_\_\_\_\_ **Student Cell #** \_\_\_\_\_

**Your grade on first day of program:** (circle one) 9    10    11    12    13 (Adult w/ diploma)    15 (Adult w/out diploma)

**Race/Ethnicity** (optional):     Black     Asian/Pacific Islander     Hispanic     American Indian/Alaskan Native     White     Other \_\_\_\_\_

**Student's PHYSICAL Address** (street, city/town, zip code) \_\_\_\_\_

<b>Town of Residence:</b>		<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:	
<b>Sending School:</b>				
<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

Circle one or two programs of your choice

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• <b>Automotive Technology</b></li> <li>• <b>Baking Arts</b></li> <li>• <b>Building Trades</b></li> <li>• <b>Cosmetology</b></li> <li>• <b>Culinary Arts</b></li> <li>• <b>Digital Media Arts</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Electrical Technology</b></li> <li>• <b>Emergency Services – choose one or both</b> <ul style="list-style-type: none"> <li>○ <b>Intro to Health Careers – Fall Semester</b></li> <li>○ <b>Emergency Medical Technician – Spring Semester</b></li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Exploratory Technology **</b></li> <li>• <b>Human Services</b></li> <li>• <b>Medical Professions</b></li> <li>• <b>Natural Resources &amp; Sustainable Technology</b></li> <li>• <b>Plumbing and Heating</b></li> </ul> |
|---|---|---|

\*\*10<sup>th</sup> grade students get priority in Exploratory Tech. 12<sup>th</sup> and 11<sup>th</sup> graders get priority in all other programs.

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.

**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: (Primary Contact)**

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

**STUDENT QUESTIONS**

***TO BE COMPLETED BY STUDENT.***

*The following is an important part of your application. Please answer questions completely. Please attach a separate sheet if you need more space.*

Please explain your current career goals and what you plan to do after high school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please list your favorite interests and activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. Describe a time when safety was important to you.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:** *(check all that apply)*

\_\_\_\_\_ **Open House at CVCC**

\_\_\_\_\_ **Middle School Presentation**

\_\_\_\_\_ **CVCC Presentation at your school**

\_\_\_\_\_ **CVCC Shadow/Interview Day**

\_\_\_\_\_ **Rosie's Girls**

\_\_\_\_\_ **Women Can Do Conference**

**Returning Student?** *(circle one)*    Y    N

**COOP Program** *(if applicable)* \_\_\_\_\_

# Central Vermont Career Center

## Educational Information (to be completed by Counselor)

Counselor's Name(s) \_\_\_\_\_

Student Name \_\_\_\_\_

Sending High School \_\_\_\_\_

Please **include copies** of the following with the application. All items are required for high school applicants. We will NOT consider applicants if this information is not provided. These items can be scanned and emailed, or physically attached.

*\*\*For homeschooled and adult applicants, please include a recommendation letter and as many of these items as possible.. Please disregard the counselor rating section. \*\**

1. TRANSCRIPT (Include Middle school for current 8<sup>th</sup> and 9<sup>th</sup>-grade applicants)
2. REPORT CARD (most recent)
3. ATTENDANCE REPORT for the last two years.
4. DISCIPLINE & BEHAVIOR REPORT for the last two years.

### **Please Rate This Students Readiness For Attending CVCC:** **(For more detailed comments, see counselor comment page on page 5)**

#### Academic Preparedness:

1                                  2                                  3                                  4  
(Not ready)      (Is Somewhat Prepared, But Struggling)      (Displays Expected Readiness)      (Is Above Average in Readiness)

#### Maturity:

1                                  2                                  3                                  4  
(Not ready)      (Is Somewhat Prepared, But Struggling)      (Displays Expected Readiness)      (Is Above Average in Readiness)

#### Respectful and Safe Interactions with Adults, Students, and Self:

1                                  2                                  3                                  4  
(Not ready)      (Is Somewhat Prepared, But Struggling)      (Displays Expected Readiness)      (Is Above Average in Readiness)

#### Self-Directed Work Ethic:

1                                  2                                  3                                  4  
(Not ready)      (Is Somewhat Prepared, But Struggling)      (Displays Expected Readiness)      (Is Above Average in Readiness)

By signing, I confirm that all the information provided is true and complete. I also understand that CVCC has the right to revoke acceptance if the information is willfully inaccurate.

\_\_\_\_\_  
Counselor Signature

**Note: Case managers of students on IEPs should contact Kathi Fuller (at 476-6237 ext 1258) \*\*\*PRIOR\*\*\* to applying. This allows the IEP team to determine if the student's needs will be met at CVCC, or if there is a more appropriate placement. Kathi is not a part of the Admissions Team and meetings will be kept confidential.**

