

HARRISON CAREER CENTER
APPLICATION
BELMONT-HARRISON VOCATIONAL SCHOOL DISTRICT

Name: _____
(Last) (First) (Middle)

_____ 1st Program Choice _____ Street Address

_____ 2nd Program Choice _____ City/Zip Code

_____ Today's Date _____ Birth Date

_____ Home School _____ Birthplace/City

_____ Current Grade _____ Phone Number

_____ T-Shirt Size _____ Parent E-mail

.....
Your Signature _____

Parent Signature _____

Your signature commits the student to a **one (1) week** trial period in the lab chosen when school starts in the fall.

Your signature gives permission to your home school to release transcript and EOC scores to the Belmont-Harrison Vocational School District.

Your signature gives permission for your child to participate in a career assessment conducted at the Harrison Career Center.

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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 []

Home School Counselor Signature: _____

Comments: _____

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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.

HCC Counselor _____ Program: _____ Date Accepted: _____



Harrison Career Center
82500 Cadiz-Jewett Road
Cadiz, OH 43907
740-942-2148
Fax 740-695-4866

