



**STUDENT INFORMATION SHEET – Complete ALL fields to be considered**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Birth date

\_\_\_\_\_  
Address City Zip Code

Parent Cell: (\_\_\_\_) \_\_\_\_\_ Student Cell: (\_\_\_\_) \_\_\_\_\_ High School \_\_\_\_\_


Grade in September 2023 \_\_\_\_\_ Do you plan to apply for Early Middle College? \_\_\_\_ Yes \_\_\_\_ No


1. Your chosen career pathway: \_\_\_\_\_


2. Check the class you are requesting:


 **Agriculture, Food & Natural Resources**  
 Bot & Greenhouse Mgt Zoo/ Vet Sci (FVL)

 **Arts & Communication**  
 Graphic Communications (BR)

 **Business, Management, Marketing, & Technology**  
 Culinary Arts/Hospitality (HO)  
 Computer Network Engineering/Cyber Sec (HA)

 **Engineering, Manufacturing, Industrial Technology**  
 Aviation (Crosswinds)  Automotive Technology (BR, HA, PI)  
 Energy Technology (HA)  Construction Trades (HO)  
 Mechanical Drafting-CAD (HO)  Manufacturing/Metal Work (HO)  
 Robotics & Automation Technology (PI)  Welding (PI)

 **Health Science**  
 EMT (Livingston EMS Ctr)  
 Health Occupations (BR,HO)

 **Human Services**  
 Early Childhood Ed (BR,HO)  
 Cosmetology (BR Cos)  
 Fire Fighter (HO)  
 JROTC (HO)

**Livingston County local school districts DO NOT provide transportation for students attending elective courses outside of their high school building. Transportation to and from the site of instruction is the responsibility of the student and his or her family.**

**Statement of Compliance with Federal/State law:** The Livingston Applied Technology Education Consortium complies with all Federal laws and regulations of the U.S. Department of Education. It is the policy of the Livingston Applied Technology Education Consortium that no person on the basis of race, color, religion, national origin or ancestry, age, sex marital status, handicap, or limited English proficiency shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity to which it is responsible or for which it receives financial assistance from the U.S. Department of Education. Any person who believes that s/he has been discriminated against or denied equal opportunity or access to programs or services may file a complaint, which shall be referred to as a grievance, with the District's Civil Rights Coordinator: R. Michael Hubert, Deputy Superintendent, 1425 W. Grand River, Howell, Michigan 48843, 517-540-6821  
The individual may also, at any time, contact the U.S. Department of Education, Office of Civil Rights, 600 Superior Avenue, Room 750, Cleveland, Ohio 44114-2611.

**Parent or Guardian Signature:** \_\_\_\_\_

Parent/Guardian: providing your signature indicates that you are aware of your child's interest in attending class for part of his or her school day at a facility outside of their home school district and that transportation for this class is the responsibility of the student and his or her family.

**REQUIRED:**  
Parent email address: \_\_\_\_\_

**Students taking a CTE program will be required to take a follow-up survey in the fall after they graduate.**

**FOR HIGH SCHOOL OFFICE USE ONLY**

SE/504: \_\_\_\_ Yes \_\_\_\_ No

SP: \_\_\_\_ None \_\_\_\_ Dis \_\_\_\_ SP \_\_\_\_ LE \_\_\_\_ AD \_\_\_\_ JO \_\_\_\_ DH \_\_\_\_ ED

**I support this student's enrollment in a CTE course.**

**Counselor's Signature:** \_\_\_\_\_