



**STUDENT INFORMATION SHEET**

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

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


**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Student UIC#** \_\_\_\_\_ **High School** \_\_\_\_\_

**Grade in September 2022** \_\_\_\_\_ **Do you plan to apply for Early Middle College?** Yes No


**1. What classes have you completed related to your pathway?** \_\_\_\_\_


**2. Program of interest:**


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

 **Health Science**  
 EMT (Livingston EMS Ctr)  
 Health Occupations (BR,HO)  
 (HO 1, CNA)

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

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

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

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

**4. What do you plan to do after high school?**  Work  College  Other \_\_\_\_\_

**Livingston County local school districts DO NOT provide transportation for students attending elective courses outside of the \_\_\_\_\_ School District. 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 the \_\_\_\_\_ School District and that transportation for this class is the responsibility of the student and his or her family.

**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:** \_\_\_\_\_