



PROGRAMS

ADM - Administrative & Medical Office Technology

AMT - Automated Manufacturing Technology

ACT - Automotive Collision Technology

AT - Automotive Technology

BDR - Building & Renovations

CBI - Career Based Intervention

CRP - Carpentry

CE - Career Exploration (Sophomores-4 credits)

CET - Construction & Equipment Technology

CIS - Computer Information Support

COS - Cosmetology

CA - Culinary Arts

ECE - Early Childhood Education

FLD - Floral Design/Interiors

HS - Health Science

MT - Multimedia Technology

PG - Print & Graphics

SES - Sports Fitness & Exercise Science

SET - Spa & Esthetics Technology

WLD - Welding & Fabrication

STUDENT INFORMATION

Legal Name _____

Address _____

City, State, Zip Code _____

Home Phone _____ Date of Birth _____

Circle Ethnic Group: White Black Hispanic Asian Indian/Alaskan Multiracial

Student Lives With: Mother Father Both Parents Guardian

Person with Legal Custody: Mother Father Both Parents Guardian

Sex: M F Student Email Address _____

Student Cell Phone _____ T-Shirt Size _____

High School (Currently Attending) _____

PARENT/GUARDIAN INFORMATION

Father or Guardian _____ Home Phone _____

Mailing Address, City, State, Zip _____ Work Phone _____

Email Address _____ Cell Phone _____

Mother or Guardian _____ Home Phone _____

Mailing Address, City, State, Zip _____ Work Phone _____

Email Address _____ Cell Phone _____

It is the policy of Apollo Career Center that educational activities, employment practices, programs and services are offered without regard to race, color, national origin, sex, religion, disability, or age. Students who are accepted into our two-year programs make a two-year commitment to that program. A student may only transfer back to their home school within the first two weeks of the school year.

I give permission to Apollo Career Center to obtain/release OGT scores from the state testing service for the above named student to Apollo Career Center. I understand Apollo will use these scores to determine whether my student needs to retake any part(s) of the OGT in order to fulfill Ohio State graduation requirements and to place the student in the appropriate classes. I also understand that this information will only be disclosed to school officials and authorized representatives, and will not be re-disclosed.

Parent/Guardian Signature _____

Student Signature _____

For additional information check us out at

www.apollocareercenter.com, on Facebook, Twitter, and YouTube.

Apollo Career Center – 3325 Shawnee Rd. – Lima, OH – 45806
 Questions? Call or email Jamie Buell @ (419)998-2920, jamie.buell@apolloc.org

Current Grade

1st Choice Program

2nd Choice Program

OFFICE USE ONLY

Date Rec'd: _____

Status: _____

COMPLETED BY HOME SCHOOL COUNSELOR

Credits Earned:
8 REQUIRED: 2 Math, 2 English, 1 Science, 1 Social Studies, 2 additional credits

9 _____ 10 _____

Will an IEP follow?
 YES _____ NO _____

Suggested Math Course:

Date Application was Rec'd:

Open Enrollment Student:
 YES _____ NO _____

If "Yes", from what school?

 School Representative's Signature

Comments:

Counselors: Please make a copy of this application for your records and attach a transcript.