

Request for Consideration OSTC 2017-18



(Please print clearly and indicate zero as 0.)

Student Information

Legal Name: First _____ Last _____ Middle _____

Address _____ City _____ State _____ Zip Code _____

High School _____ Cell Phone _____ Email _____

Current Grade: 10th 11th 12th Select your campus (select one): ONE (Pontiac) NW (Clarkston) SE (Royal Oak) SW (Wixom)

Program Choices

1st Program Choice _____

OAM OPM

2nd Program Choice _____

O AM O PM

Agriscience and Environmental Technologies (available at NW, SW)
Automotive Technology
Collision Repair and Refinishing
Computer Programming
Computer Networking
Construction Technology (available at NE, NW, SE)

Cosmetology (regional program offered at NE)
Culinary Arts/Hospitality
Electrical and Energy Technologies (available at NW, SE)
Entrepreneurship & Advanced Marketing
Health Sciences
Machining

Mechatronics
Medium/Heavy Truck and Equipment (available at SW)
Visual Imaging (available at NW, SE, SW)
Welding (available at NE, SE, SW)
Web Development

Are you interested in an apprenticeship? Yes No

Are you interested in early college? Yes No

Are you on track to graduate? Yes No

My program of study aligns with my educational development plan (EDP) from Career Cruising: Yes No

I visited the campus for: Showcase Career Night Summer Camp Tour/Visitor Session

Student's Signature

Oakland Schools does not discriminate on the basis of sex, race, color, national origin, religion, height, weight, marital status, sexual orientation (subject to the limits of applicable law), age, genetic information, or disability in its programs, services, activities or employment opportunities. Inquiries related to discrimination should be directed to the Director or Human Resources at 248.209.2059, contact the Director of Legal Affairs at 248.209.2062, 2111 Pontiac Lake Road, Waterford, MI 48328-2736.

2017-18 Student Data and Emergency Information

INFORMATION TO BE FILLED OUT BY PARENT/LEGAL GUARDIAN



Student's Legal Name: First _____ Last _____ Middle _____

Date of Birth: _____

My Primary Language is: English Spanish Arabic Other (please list) _____

Parent/Legal Guardian (adult person living with student):

1. Last Name _____ First Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City/Zip _____ Email _____

2. Last Name _____ First Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City/Zip _____ Email _____

Are there Legal Custody Restrictions? YES NO If yes, please submit documentation

Alternate Contact (not living with student):

3. Last Name _____ First Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____ Work Phone _____

Medical Information:

Does the student have any current medical conditions or restrictions? YES NO If yes, please explain _____

Please list medications taken regularly: _____

In case of an emergency, OSTC is authorized to take immediate action necessary for the preservation of the student's health.

As a parent/guardian/student:

- I give permission for my child to be recorded through audio/visual imaging (photographic, video, and/or audio recordings) for the purpose of school use in public relations displays, news releases, newsletter articles, and/or OS/OSTC websites to acknowledge awards and/or achievements.
- I approve the above request and give my consent to the technical cluster selection.
- If my child needs academic additional credit, I give my permission.

I have read, understand and agree to all of the above: YES NO, explain _____

Signature of Parent/Legal Guardian or Adult Student _____ DATE _____

Student Signature _____ DATE _____