Jefferson County Vocational School

Application 2020-21

Student Name _____ _____ _____
Last First Middle

Current School: ☐ Buckeye ☐ Central ☐ Edison ☐ Harrison ☐ Indian Creek
☐ Steubenville ☐ Toronto Other ☐ _____

Do you RESIDE in the school district you attend? ☐ Yes ☐ No
If you answered NO, what school district do you reside in? _____

Student Address _____ **City** _____ **State** OH **Zip** _____ **Phone** _____

Birth Date ___ / ___ / ___ ☐ Male ☐ Female **County of Residence** _____ **Birth City** _____

Father/Guardian: _____ _____ _____
Last First Middle

Address (if different) _____ **City** _____ **State** _____ **Zip** _____

Relationship: _____ **Place of Employment** _____

Home Phone (_ ____) _____-_____ **Work Phone** (_____) _____-_____ **Cell Phone** (_____) _____-_____

Mother/Guardian: _____ _____ _____
Last First Middle

Address (if different) _____ **City** _____ **State** _____ **Zip** _____

Relationship: _____ **Place of Employment** _____

Home Phone (_ ____) _____-_____ **Work Phone** (_____) _____-_____ **Cell Phone** (_____) _____-_____

Grade Status for Next Year 2020-21 ☐ Eleventh ☐ Twelfth ☐ Other _____

First Choice Career Program: _____
Second Choice Career Program: _____

PARENTS: Permission is granted for my son/daughter to apply for admission to the Jefferson County Vocational School. I hereby grant permission for the local school district to transfer requested student records to JCJVS. I also give permission to release Any and All Tests Scores. The local school district and the JCJVS will both check these scores to determine whether the student needs to retake any parts of the tests in order to fulfill Ohio State Graduation Requirements and use them to place the student in the appropriate classes. The student information will only be disclosed to school officials and authorized representatives. This district will not re-disclose the information.

PARENTS and STUDENTS: I recognize that it is our responsibility to meet with the home school counselor regarding any credit deficiencies, but it is the intent of the JCJVS to make options available, such as Virtual Learning, to a credit deficient student who is accepted to the JCJVS.

Signature of Applicant: _____ **Date** ____ / ____ / ____

Signature of Parent/Guardian: _____ **Date** ____ / ____ / ____

OFFICE USE:

☐ Accepted **Date** _____ **Program** _____ **Guidance Counselor Initials** _____
☐ On Hold
☐ Denied **Comments** _____ **Principal Initials** _____