



# 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 \_\_\_\_\_