

BRANCH AREA CAREERS CENTER
366 Morse Street, Coldwater, MI 49036
517-279-5750 (PHONE), 517-279-5711 (FAX)
PROGRAM REGISTRATION

CRIMINAL JUSTICE & LAW ENFORCEMENT

**UPON COMPLETION OF REGISTRATION:
ATTACH A COPY OF YOUR EDUCATION DEVELOPMENT PLAN, TRANSCRIPT AND
RETURN TO LOCAL HIGH SCHOOL COUNSELOR**

**REGISTRATION FORM WITH EDP AND TRANSCRIPT ARE TO BE COMPLETED AND SUBMITTED
MAY 11TH, 2018
FAILURE TO DO SO WILL RESULT IN UN-ENROLLMENT.**

STUDENT INFORMATION

Student Name: _____
(First) (Middle in full) (Last)

Date of Birth: _____
(Month/Day/Year)

Present Address: _____
(Number and Street)

(City) (State) (Zip Code)

Telephone: _____
(Home) (Cell)

High School _____ Year of Graduation _____

CAREER-TECHNICAL EDUCATION STATEMENT OF ASSURANCE OF COMPLIANCE WITH FEDERAL LAW

CTE programs comply with all Federal Laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education. It is the policy of the CTE that no person on the basis of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, handicap, and/or any other legally protected characteristic shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education. File grievance to the following: BISS Director of Career and Technical Education, Title VI/Title IX Age Discrimination Coordinator, BISS, 370 Morse St., Coldwater, MI 49036, (517) 279-5730 or BISS Director of Special Education, Section 504/ADA/Mich. Handicap Coordinator, Special Education Office, 200 Bishop Ave., Coldwater, MI 49036, (517) 279-5800.

STUDENT STATEMENT TO BE COMPLETED BY ALL APPLICANTS

Explain your career goals and why you think this program would be beneficial to you.

I understand that I am given an adult opportunity with adult behavior expectations. Failure to comply with all program expectations will result in consequences up to and including removal from the program.

Student Printed Name _____

Student Signature _____

Date: _____

Parent Printed Name _____

Parent Signature _____

Date: _____

SCHOOL RECOMMENDATION TO BE COMPLETED BY ALL APPLICANTS
To be completed by high school teacher, counselor or principal:

Please indicate why you would recommend this student for the Criminal Justice program.

Completed by:

Name (printed): _____ Position : _____

Signature: _____ Date: _____

TO BE COMPLETED BY CRIMINAL JUSTICE/LAW ENFORCEMENT APPLICANTS ONLY

**BRANCH AREA CAREERS CENTER
AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Criminal Justice Program at the Branch Area Careers Center, bearing this authorization, to obtain information from your files or other sources pertaining to my personal background. Those records include, but are not limited to, the history and records listed: *Criminal history (all), school disciplinary actions, driving record, attendance record.*

Please read carefully:

I hereby authorize you to release such information upon request of the bearer. This authorization is executed with the full knowledge and understanding that this information is for official use only by the Branch Area Careers Center.

I hereby release you, the institution or establishment you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question of the validity of the authorization, you may contact me as indicated below:

This authorization will continue in effect until revoked in writing. A photo static copy shall have the same force as the original.

Student Full Name: _____
(Printed)

Current Address: _____
(Number) (Street)

(City) (State) (Zip)

Driver's License Number (if applicable): _____

Phone Number: (____) _____ - _____ (____) _____ - _____
(Home) (Cell)

Previous Address (if changed in last 5 years):

(Number) (Street) (City) (State) (Zip) (County)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Note: The release of information form MUST be signed by both the applicant AND the parent/guardian of the applicant. Information obtained through a background check can and will be used to determine the eligibility of the student for acceptance into the program.