

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

HEALTH SCIENCE

**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 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 Health Science program:

Completed by:

Name (printed): _____ Position : _____

Signature: _____ Date: _____