

# D.W. Waters Career Center Application



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student # \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Previous School: \_\_\_\_\_ Reason for application: \_\_\_\_\_

Application Date: \_\_\_\_\_ Teen Parent: **Y N**

**Students and parents must be willing to attend an orientation prior to enrollment. Student commits to a career cluster that is available, dress in career attire daily, and comply with daily attendance and behavior expectations that include being on time each day and in school for the entire day. Student also agrees: (1) to surrender cell phones to instructors during Edgenuity periods, in testing sessions and when requested in direct instruction classes;(2) successfully complete all required classes (obtain a class grade of a "C" or better); (3) use only clear book bags, all others must be immediately placed in the locker;(4) and to successfully take and pass FSA Reading, EOC exams, or obtain concordant scores. ( ) student initials.**

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**\*Applications will be reviewed within 24-48 hours. We will notify via phone, to the number listed above when the review is completed.\***

**For DW Waters Office Staff Only:** (Please attach the following documents)

\_\_\_\_\_ Discipline History

\_\_\_\_\_ A Screen

\_\_\_\_\_ P Screen

\_\_\_\_\_ Student Credit Summary

\_\_\_\_\_ J Screen

\_\_\_\_\_ Attendance History

\_\_\_\_\_ Graduation Worksheet Review

ESE/Active IEP: **Y N**

ELL: **Y N**

Passed Reading FSA/ACT/SAT: **Y N**

Passed Algebra EOC/PERT: **Y N**

**Note:** A copy of all Teen Parent applications should be forwarded to the school social worker upon receipt.

Date of review: _____	Person Contacted: _____	By Whom: _____	Action: _____
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