

This side to be completed by
the STUDENT

Students - Please turn in application
to your high school guidance counselor

Student's Last Name: _____ First Name: _____

Social Security Number:

High School (circle one): *Sebring HS* *Avon Park HS* *Lake Placid HS*

Student ID number: _____ Anticipated Graduation Year: _____

Age: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Free/Reduced Lunch: YES NO Transportation (school bus) Required: YES NO

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Name of HS Guidance Counselor (print): _____

Program Selection: (Please select 3 options—number them 1, 2, or 3 in order of your preference)

- | | |
|--|--|
| <input type="checkbox"/> Automotive Collision/Repair/Refinishing | <input type="checkbox"/> Computer Networking |
| <input type="checkbox"/> Automotive Service Technology | <input type="checkbox"/> Computer Electronics Technician |
| <input type="checkbox"/> Air Conditioning/Refrigeration/Heating | <input type="checkbox"/> Food Management/Production (Culinary) |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Medical Secretary |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Secretarial/Administrative Assistant |

This section to be completed by CA@SFCC administrator

- | | | |
|--|-----|----|
| • English I credit completed | YES | NO |
| • Level 2 Math credit completed | YES | NO |
| • Six (6) credits completed | YES | NO |
| • 2.0 GPA | YES | NO |
| • Level 2 or above FCAT Reading level | YES | NO |
| • Fluent Reader | YES | NO |
| Student accepted into the CA@SFCC program? | YES | NO |



This side to be completed by the
HS GUIDANCE COUNSELOR

Guidance Counselor - Please turn in
application to the Career Academy at SFCC

Student's Last Name: _____ First Name: _____

Student Number: _____ Grade Level (2008-09): _____

Anticipated Year of Graduation: _____

Is this an ESE student (circle one)? YES NO

If yes, please list any special scheduling needs: _____

Is this a LEP student? YES NO

If yes, please list any special scheduling needs: _____

VERIFICATION OF PRE-REQUISITES

Grade Level when most recent FCAT was taken: _____

MATH SSS FCAT SCORE: _____ LEVEL: _____

READING SSS FCAT SCORE: _____ LEVEL: _____

Grade Level when most recent MAZE test was taken: _____

MAZE SCORE: _____ DATE TAKEN: _____

FLUENT READER: YES NO

Number of English Credits Earned: _____ Is Eng 1 completed? YES NO

Number of Math (level 2) Credits Earned: _____ Is Alg 1A (comparable) completed? YES NO

Number of Total Credits Earned: _____ Current Cumulative GPA: _____

Number of unexcused absences in the 2008-09 school year (as of date of application): _____

Number of referrals in the 2008-09 school year (as of date of application): _____

List any credit deficiencies/special needs this student might have related to the application and/or scheduling:

Guidance Counselor's Name (print): _____

Guidance Counselor's Signature: _____ Date: _____

Student recommended for the CA@SFCC by guidance counselor: YES NO