

Application Date: _____ School ID #: _____ Current Grade: _____

Applying for School Year: _____ Sending School: _____

Student Name: _____
Last Name First Name Middle Initial

Programs of Study

Please select four (4) program choices from the list below. Identify program order of preference with a 1 (first choice), 2 (second choice), 3 (third choice), and 4 (fourth choice)

Construction Cluster

- ___ Bricklaying
- ___ Building & Property Maintenance
- ___ Cabinetmaking & Finish Carpentry
- ___ Carpentry
- ___ Electrical Technology
- ___ Painting & Decorating
- ___ Plumbing & Heating

Graphic Communication Cluster

- ___ Advertising Design & Commercial Art
- ___ Printing & Graphic Communications

Personal Services Cluster

- ___ Baking & Pastry Arts
- ___ Cosmetology
- ___ Culinary Arts
- ___ Early Childhood Education
- ___ Horticulture
- ___ Public Safety & Security
- ___ Sewing & Clothing Manufacturing
- ___ Upholstery
- ___ Service Occupations *

* Counselor Recommendation Required

Technical Cluster

- ___ Computerized Drafting Technology
- ___ Electronics & Communication Technology
- ___ Information Technology – Applications
- ___ Information Technology – Web Design

Manufacturing Cluster

- ___ Machine Shop Technology
- ___ Welding & Metal Fabrication

Transportation Cluster

- ___ Auto Body Repair
- ___ Automotive Technology
- ___ Diesel Truck Technology
- ___ Motorcycle, Marine & Small Engine Technology

Health Science Technology Cluster

- ___ Health Medical Office
- ___ Health Medical Professions
- ___ Health Nursing Careers

