

CCPS Application for Career Connections Placement

Career Connections:

- 132 clock hours of work-based learning = 1 credit
- Credits can be earned during the summer prior to the beginning of the 12th grade year and during the 12th grade year.

PART I: Completed by Student

Last Name: _____ First Name: _____ DOB: _____

Address: _____

Phone: _____ Current Grade: _____ Year of Graduation: _____

School: CHS _____ FSK _____ LHS _____ MVHS _____ SCHS _____ WHS _____ WMHS _____

PART II: Basic Requirements - Completed by High School Counselor

Student's GPA (2.5 min.): _____

Graduation Assessment Requirements Met: _____

75 Service Learning Hrs. Completed: _____

Attendance % - previous quarter (94% min): _____

CCR Requirement Met/Acad. Fac. Notified: _____

All requirements above were reviewed by School Counselor.

Counselor's Initials: _____

To be eligible for extracurricular activities, students must be enrolled in more than 50% of the class periods occurring in the school day. (See High School Eligibility-Extra Curricular section of the Student Services Manual.)

Required High School Credits Remaining	Classes Scheduled to Fulfill Requirements	Sem/Mod
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART III: Career Completer/ Major Requirements - Completed by Career Coordinator

Proposed Career Connections experience is directly related to student's completer or major:

Student's Completer/Major: _____

Student has completed at least 3 credits of completer or major: _____ YES _____ NO

Career Coordinator's Initials: _____ Date: _____

- CCCTC
- Academy of Finance
- Early Childhood Education

PART IV: Student and Parent/Guardian Signatures

(Student) My signature below verifies that I have met the requirements and understand that it is my responsibility to contact the school office on a regular basis to find out about senior activities and deadlines. Further I am aware that transportation for these experiences, in all cases, shall be the responsibility of the student and/or parent/legal guardian. I also understand that it is my responsibility to seek the assistance of school administrators in resolving schedule conflicts which may arise due to unusual circumstances. I agree to keep my school counselor and Career Coordinator informed of any changes that occur to this approved plan. If I am 18 years old or older, in no event shall the Board of Education of Carroll County, its agents or its employees be held responsible for any injury that may befall me or a third party during my participation in such events taking place off school property or in transportation to and from such events. I understand that it is my responsibility to be sure that I am eligible for extracurricular activities.

 Student's Name (PRINTED) Student's Signature Date

(Parent or Legal Guardian) My signature below verifies that I approve this plan for my child and that transportation for these experiences, in all cases, shall be the responsibility of the parent/legal guardian. In no event shall the Board of Education of Carroll County, its agents or its employees be held responsible for any injury that may befall my child or a third party during the student's participation in such events taking place off school property or in transportation to and from such events.

 Parent's or Legal Guardian's Name (PRINTED) Parent's or Legal Guardian's Signature Date

PART V: Final Authorization

Recommend Approval

_____	_____	_____ Yes _____ No
High School Counselor (Printed and Signed Name)	Date	
_____	_____	_____ Yes _____ No
Career Coordinator (Printed and Signed Name)	Date	
_____	_____	_____ Yes _____ No
Assistant Principal (Printed and Signed Name)	Date	
_____	_____	<input type="checkbox"/> Approved
Principal (Printed and Signed Name)	Date	<input type="checkbox"/> Not Approved
_____	_____	<input type="checkbox"/> Parking Permit Approved
Date of Schedule Change		

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Copies to: Student, Parent/Guardian, Career Coordinator, School Counselor