

Developmental Psychology of Children:

CAREER AND TECHNICAL EDUCATION (CTE) PROGRAMS

2019-2020 STUDENT APPLICATION

Please complete application and return to:

Developmental Psychology Teacher

Antonina M. Salemi

E-mail: asalemi@sandi.net

Application Deadline: 3/22/2019

Instructions for completing the Student Application:

1. The application is to be completed by the Student and Parent/Guardian
2. Students should work with their high school counselor when completing this application
3. Complete Part I: Student Information. Please Print
4. Complete Part II: Parent/Guardian Approval for Application
Please read the commitment requirements and responsibilities carefully
Both parent and student must sign/date this section to continue with the application process
5. Part II: Attendance Information
This section is to be completed by the student's high school counselor

Part I: Student Information (PLEASE PRINT)

Student Name: _____

Date of Birth: ____/____/____

2019-2020 School Year Grade Level: Freshman___ Sophomore___ Junior___ Senior___

Parent/Guardian Name: _____

Parent/Guardian Email: _____

CTE program year: First Year_____ Second Year_____

Student- Please explain why you want to take the CTE Class:

Part II: Parent/Guardian Approval for Application

I/we understand that our son/daughter is applying to a CTE program and that if he/she is accepted:

1. Daily attendance is REQUIRED. A student with poor attendance may be removed from the program. Students must maintain a grade of "C" or better and demonstrate good citizenship to attend an internship.
2. All students will be responsible for the following the rules established by the CTE program instructor and failure to do so can result in removal.
3. Students will be attending an internship at local childcare centers and elementary schools. Students are expected to commit to the full year of the program. Students will be transported by either bus or private driver.

I have read the attached information about the program, including the Program Description and Special Requirements, and give my approval for my child, _____, to enroll in the above program.

Parent/Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Part III: Attendance Information- To be completed by student's high school counselor

GPA: _____ Days Absent This School Year: _____ Days Absent Last Year: _____

Comments:

School Representative: (Printed Name) _____

(signature)

(Date)