

CTE Academy Application

Name: _____

Grade: _____

Class you wish to apply for: _____

How does this class fit with your career goals? _____

Why would you be a good candidate for the CTE Academy? _____

*Note: Juniors and Seniors are eligible to apply for the CTE program. Applications will go through a selection committee to determine the most appropriate placement. Seniors applicants will be given priority. **If accepted, it is the expectation that you will attend all year.***

Student Signature: _____ Parent Signature: _____

Give this form to a teacher to complete the back portion. The teacher should return the application to Mrs. Lupkes NOT the student.

Please rate the student on the following pertaining to how appropriate it is for them to attend the CTE Academy.

Return this form to Mrs. Lupkes NOT the student.

Teacher's Name: _____

Appropriate CTE class choice:

1 2 3 4 5 6 7 8 9 10

They have shown interest in a career related to this class choice in the past:

1 2 3 4 5 6 7 8 9 10

They have shown that they are responsible:

1 2 3 4 5 6 7 8 9 10

They are respectful to adults:

1 2 3 4 5 6 7 8 9 10

Any Concerns?