



YOUTH OPTIONS APPLICATION

Student: Completion and submission of this form is required by CVTC. Talk to your school counselor about completing your school's particular application requirements. Complete a separate CVTC Youth Options Application for each semester of instruction and attach a high school transcript. (No transcript is needed for ITV or Charter Schools.) Complete Section I and the columns in Section II-A on page 2, sign the form if you are over 18 (if you are under 18, your parent/guardian must sign the form), and submit it to your school district contact person.

School District: Review the information submitted by the student under Section II-A. Complete the columns in Section II-B and all of Section III. Sign and return the form to CVTC, Admissions, 620 W. Clairemont Ave., Eau Claire, WI, 54701.

SECTION I – STUDENT INFORMATION PLEASE TYPE OR PRINT IN INK

<p>1. _____ Last Name First Name Middle Name</p> <p>2. _____ Former Last Name(s), if applicable</p> <p>3. _____ Permanent Address Street or R.F.D. Box Number</p> <p>4. _____ City State Zip Code</p> <p>5. _____ Mailing Address, if different Street or R.F.D. Box Number</p> <p>6. _____ City State Zip Code</p> <p>7. (_____) _____ - _____ (_____) _____ - _____ Phone Number Other Phone Number</p> <p>8. _____ Parent/Guardian Name Address if different from above</p>	<p>9. _____ - _____ - _____ Social Security Number <small>(SS# is voluntary and remains confidential; it is not used as identification.)</small></p> <p>10. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>11. Date of birth: ____ / ____ / ____</p> <p>12. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. I am a legal resident of:</p> <p style="text-align: center;"> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township <small>(check one and write in name)</small> </p> <p>14. _____ County State</p> <p>15. _____ Name of High School District in which you reside</p>
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16. Location/Campus where you will take classes:

<input type="checkbox"/> Eau Claire Campus	<input type="checkbox"/> Menomonie Campus	<input type="checkbox"/> River Falls Campus	<input type="checkbox"/> Technology Charter School
<input type="checkbox"/> Chippewa Falls Campus	<input type="checkbox"/> Neillsville Center	<input type="checkbox"/> Your high school ITV or Distance Learning Room	<input type="checkbox"/> Health Academy – Students must be in grade 12 to participate
<input type="checkbox"/> Agri-science			

17. Semester applying for: Fall Spring Year: _____ 18. Highest Grade Completed: 9 10 11

19. Program Choices: Youth Options 20. Month/year you plan to graduate from high school: Month: _____ Year: _____

21. High School Currently Attending: _____
City: _____ State: _____

22. This information is voluntary and confidential. Your response will not affect admission to CVTC.

Ethnic Group: American Indian/Alaskan Native Asian Pacific Islander Black, not of Hispanic origin
 Hispanic White, not of Hispanic origin Other

<p>23. Signature of Parent/Guardian, if student is under eighteen (18) <small>(My signature authorizes CVTC to release course and grade information to the school district.)</small></p>	<p>Date Signed</p>
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<p>24. Signature of Student <small>(My signature authorizes CVTC to release course and grade information to my school district.)</small></p>	<p>Date Signed</p>
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Last Name

First Name

Middle Name

Social Security Number
(SS# is voluntary and remains confidential;
it is not used as identification.)

SECTION II - PROGRAM INFORMATION

PLEASE TYPE OR PRINT IN INK

Table with 2 main sections: A. TO BE COMPLETED BY STUDENT and B. TO BE COMPLETED BY HIGH SCHOOL. Includes columns for Course(s) Intending to Take, Course No, CVTC No. of Credits, and Who is Paying? (School District, Student).

SECTION III - SCHOOL BOARD APPROVAL

SECTION IV - CVTC POSTSECONDARY APPROVAL

Approval form containing fields for Name of High School District, Telephone, Name of CVTC Contact Person, Telephone, and checkboxes for enrollment approval and nonsectarian content.

SECTION V - ADDITIONAL INFORMATION

- Approval is contingent upon the student (and/or parent, if student is under age 18 or has a legal guardian) complying with the following conditions:
1. Participants shall comply with admissions criteria for college course(s) taken under the Youth Options Program.
2. Participants must be in grade 11 or 12 to participate in the program.
3. Participation in a technical college may not be granted if:
a. Student is not in good academic standing, or
b. Student is a child at risk, as defined in s. 118.153(1)(a) Wis. Stats.
4. A technical college may deny participation if the student has a record of disciplinary problems.
5. A technical college may deny enrollment into courses which are filled to capacity.
6. The parent or guardian of a student who is attending CVTC and is taking a course for high school credit may apply to the state superintendent for reimbursement of the cost of transporting the student between the high school of enrollment and the technical college only if the student and the student's parent or guardian are unable to pay the cost of such transportation. Preference will be given to households which are eligible for free or reduced price meals. Contact your high school counselor for details.
7. Youth Options participants may be limited to eighteen (18) credits. Courses exceeding 18 credits are subject to school district approval and may have to be paid for by the student or parent.