

Office Use Only:

Date Received at LACC: _____

Livingston Area Career Center
Student Enrollment Application
2017-2018

Please print clearly when filling out this entire application; we MUST be able to read your information. A completed application must be signed by the parent or guardian and the guidance counselor. PLEASE COMPLETE AND SIGN ALL PAGES ATTACHED.

Student Full Name _____ School ID# _____

**Social Security Number _____ (For Dual Credit Purposes – See below)
(Enrollment in C.N.A. requires Social Security Number)

Home High School Name _____ Ethnicity _____

Date of Birth _____ Gender M ___ F ___ Current Grade Level _____ Graduation Year _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ E-mail Address _____

Contact Information:

Father's Name or Guardian _____
If guardian, please indicate relationship to the student: _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Work Phone _____

Place of Employment _____

Home E-mail Address _____

Mother's Name or Guardian _____
If guardian, please indicate relationship to the student: _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Work Phone _____

Place of Employment _____

Home E-mail Address _____

Emergency Contact: Name _____ Phone Number: _____
Relationship to Student _____

****College Dual Credit Authorization:**

Students enrolled at Livingston Area Career Center may be enrolled in Dual Credit classes offered by a community college. By enrolling in one of these classes at LACC, a student may earn high school credit as well as college credit for the class. Student information may be released to the community college for enrollment purposes only. The student's social security number is **required** for this process, but will be used for this purpose ONLY.

Parent or Guardian Signature: _____ **Date:** _____

PROGRAM SELECTION:

Please circle "1" for your first choice, and "2" for your second choice. If you wish to enroll in two classes, please circle the "1" for both choices. For 2nd year programs, you must successfully complete the 1st year program. (Section times may change due to enrollments.)

First Time Block: 7:55 a.m. to 9:30 a.m.

Course Name		Office Use	
1	2	Automotive Technology I	828 829
1	2	Automotive Technology II	830 831
1	2	Certified Nursing Assistant (CNA)	870 871
1	2	Computer Networking I	810 811
1	2	Computer Networking II	812 813
1	2	Construction Trades I	800 801
1	2	Cosmetology I	914 915
1	2	Cosmetology II	916 917
1	2	Culinary Arts I	890 891
1	2	Culinary Arts II	892 893

Course Name		Office Use	
1	2	Early Childhood Education I	880 881
1	2	Early Childhood Education II	882 883
1	2	Engineering/Architectural Design I	814 815
1	2	Engineering/Architectural Design II	816 817
1	2	Fire-Fighting I	860 861
1	2	Fire-Fighting II	862 863
1	2	Law Enforcement I	872 873
1	2	Welding I	850 851
1	2	Welding II	852 853

Second Time Block: 9:35 a.m. to 11:10 a.m.

1	2	Computer Maintenance I	806 807
1	2	Computer Maintenance II	808 809
1	2	EMT/Emergency Medical Tech.*	864 865
1	2	Law Enforcement II	874 875
1	2	Medical Terminology	866 867
1	2	Automotive Technology I	828 829
1	2	Automotive Technology II	830 831
1	2	Construction Trades I	880 881

1	2	Culinary Arts I	890 891
1	2	Culinary Arts II	892 893
1	2	Early Childhood Education I	880 881
1	2	Early Childhood Education II	882 883
1	2	Engineering/Architectural Design I	814 815
1	2	Engineering/Architectural Design II	816 817
1	2	Welding I	850 851
1	2	Welding II	852 853

*Student must be 18 years of age within 90 days of the completion date of the course in order to take the state certification test.

Third Time Block: 11:45 a.m. to 1:30 p.m. (1:15 p.m. on Wednesdays & Thursdays)

1	2	Computer Networking I	810 811
1	2	Computer Networking II	812 813
1	2	Certified Nursing Assistant (CNA)	870 871
1	2	Fire-Fighting I	860 861
1	2	Fire-Fighting II	862 863

1	2	Inter-related Cooperative Ed.**	920 921
1	2	Law Enforcement I	872 873

**Must be in 12th grade

Counselor Section: Your guidance counselor must fill out this section:

Counselor Check List - Please include the following with application:

_____ Transcript (include current grades & attendance) _____ 504 Plan (If checked, must send 504 with app.)
 _____ IEP (if checked, must send IEP with application)

***Has the student lost any computer privileges in their home school? (Please circle) YES NO*

The participating district has approved the enrollment of this student at the Livingston Area Career Center.

Counselor Signature _____ Date _____
 LACC 2017-2018 Application

**Livingston Area Career Center (LACC)
1100 Indiana Avenue
Pontiac, IL 61764**

**PROGRAM PARTICIPATION AND RELEASE FORM
2017-2018**

Dear Parents: The following are statements that require your reading and signature. Your signature at the bottom gives permission for all of the statements.

1. **Release of Basic Student Registration-Medical Information:** If your child is a regular bus rider, or if your child rides a bus for field trips, it is sometimes necessary to have basic information such as addresses, parent/guardian information, phone numbers, and emergency numbers so parents/guardians can be contacted if medical attention is needed. It may also be necessary to share confidential health information with the school staff who have responsibility for the student when in school or participating in school activities. The information shared with the staff will be what is minimally necessary to ensure the health and well being of the student.
2. **Emergency Medical Treatment:** The director or designated representative of LACC is authorized to secure medical care and automobile or ambulance transport to the nearest hospital that provides emergency medical services when you cannot be immediately reached.
3. **Photo Release:** LACC from time to time allows coverage of activities and events. I/We give permission for our child's picture/video and/or names to be used in positive informational news coverage and educational purposes. However, I do understand that the LACC website, Facebook, and/or Twitter will NOT display a student picture along with a name to identify the picture.
4. **Field Trips:** Classes take field trips, community-based walks and in-district trips as part of the curriculum. I/We give permission for our child to leave school grounds for these activities.
5. **Student Award/Honor Information:** LACC from time to time announces listings of students receiving awards and honors. I/We give permission for our child's name to be released for the purpose of identifying students who excel.
6. **Internet Use:** I have read the AUTHORIZATION FOR INTERNET ACCESS attached. I understand that internet access is designed for educational purposes and Livingston Area Career Center and Pontiac Twp. High School District 90 have taken precautions to eliminate controversial material. However, I also recognize it is impossible for LACC/PTHS to restrict access to all controversial and inappropriate materials. I will hold harmless LACC/PTHS, its employees, agents, and board members, for any harm caused by materials or software obtained via the network. I have discussed the terms of the AUTHORIZATION with my son/daughter. I hereby request that my child be allowed access to the internet labs at LACC/PTHS.
7. **Dual Credit:** Students enrolled at LACC may be enrolled in dual credit classes offered by a community college and may earn high school credit as well as college credit for the class. I/We give permission for student information to be released to the community college.

STUDENT NAME (Please Print): _____ Graduating Year _____

STUDENT SIGNATURE: _____ Date _____

PARENT/GUARDIAN NAME (Please Print): _____

PARENT/GUARDIAN SIGNATURE: _____ Date _____

Please note any exceptions _____

LIVINGSTON AREA CAREER CENTER

1100 E. Indiana Avenue
Pontiac, IL 61764
(815) 842-2557

2017-2018 INSURANCE AND WAIVER FORM

ALL INFORMATION MUST BE COMPLETE OR FORM WILL NOT BE ACCEPTED.

TO: Parents and/or Guardians of Students Enrolled at LACC

As a parent/guardian of a child attending Livingston Area Career Center, we would appreciate your cooperation with our policy concerning accidents and injuries while in attendance at LACC. All of our laboratories and shops are maintained with the safest equipment available, and recognized safe work procedures are followed at all times. We do not anticipate and hope that accidents and injury will not occur, but if they should, we would like to see that proper treatment is given as soon as possible. All LACC students are invited to use the PTHS Student Health Center services, provided they have completed the *PTHS Student Health Center* form. To assist us, and if necessary, personnel at St. James Hospital, we ask that you review the following and sign accordingly.

Name of Student (Please Print)

In case of accident or injury, personnel at LACC will immediately contact your home school principal, and he/she will be asked to contact the parent/guardian immediately.

I will allow the LACC staff to arrange suitable transportation to St. James Hospital and treatment by their staff for any necessary treatment of injury.

Please select **one** of the following three statements that best describes how you will cover any medical expenses and sign below.

1. _____ The above student is covered by accident insurance purchased through our local school.
2. _____ The above student is covered by medical insurance purchased privately which will pay expenses for treatment of injuries resulting from accidents.
3. _____ The above student is not covered by insurance, and I will assume responsibility for payment in full of medical bills resulting from any injury while at LACC.

Parent/Guardian Signature

Date