

STUDENT INFORMATION SHEET – Complete ALL fields to be considered

Last Name _____ First Name _____ Birth date _____/_____/_____

Address _____ City _____ Zip Code _____

Parent Cell: (____) _____ Student Cell: (____) _____ High School _____

Grade in September 2026 _____ Do you plan to apply for Early Middle College? ____ Yes ____ No

1. Your chosen career pathway: _____

2. Check the class you are requesting:



Agriculture, Food & Natural Resources

Bot & Greenhouse Mgt Zoo/ Vet Sci (FVL)



Arts & Communication

Graphic Communications (BR)



Business, Management, Marketing, & Technology

Culinary Arts/Hospitality (HO)
 Computer Network Engineering/Cyber Sec (HA)



Engineering, Manufacturing, Industrial Technology

Aviation (Crosswinds) Automotive Technology (BR, HA, PI)
 Construction Trades (HO) Auto Body & Collision (PI)
 Mechanical Drafting-CAD (HO) Welding (PI)
 Manufacturing/Metal Work (HO) Robotics & Automation Technology (PI)



Health Science

EMT (Livingston EMS Ctr)
 Health Occupations (BR,HO)
 Phlebotomy (Liv. EMS Ctr)
(2nd Semester Only)



Human Services

Early Childhood Ed (HO)
 Education Careers (BR)
 Cosmetology (BR Cos)
 Fire Fighter (HO)
 JROTC (HO)
 Law Enforcement (Livingston County Judicial Center)

Livingston County local school districts DO NOT provide transportation for students attending elective courses outside of their high school building. Transportation to and from the site of instruction is the responsibility of the student and his or her family.

Statement of Compliance with Federal/State law: The Livingston Career & Technical Education Consortium complies with all Federal laws and regulations of the U.S. Department of Education. It is the policy of the Livingston Career & Technical Education Consortium that no person on the basis of race, color, religion, national origin or ancestry, age, sex marital status, handicap, or limited English proficiency shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity to which it is responsible or for which it receives financial assistance from the U.S. Department of Education. Any person who believes that s/he has been discriminated against or denied equal opportunity or access to programs or services may file a complaint, which shall be referred to as a grievance. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Assistant Superintendent for Administrative Services 1425 W. Grand River Ave. | Howell, MI | 48843 | 517.540.6810 The individual may also, at any time, contact the U.S. Department of Education, Office of Civil Rights | 600 Superior Ave. Room 750 | Cleveland, OH | 44114-2611.

Parent or Guardian Signature: _____

Parent/Guardian: providing your signature indicates that you are aware of your child's interest in attending class for part of his or her school day at a facility outside of their home school district and that transportation for this class is the responsibility of the student and his or her family.

REQUIRED:

Parent email address: _____

Students taking a CTE program will be required to take a follow-up survey in the fall after they graduate.

FOR HIGH SCHOOL OFFICE USE ONLY

SE/504: ____Yes ____No

SP: ____None ____Dis ____SP ____LE ____AD ____JO ____DH ____ED

I support this student's enrollment in a CTE course.

Counselor's Signature: _____