


Due Friday, March 31, 2017 to LHHS Career Center or WAVE Campus.

	Western Arizona Vocational Education Joint Technical Education District www.wavejted.org	STUDENT HOME DISTRICT	
		LAKE HAVASU PUBLIC SCHOOL: <input type="checkbox"/> LHHS	<input type="checkbox"/> Telesis
		LAKE HAVASU CHARTER SCHOOL ONLINE: <input type="checkbox"/> _____	<input type="checkbox"/> _____
		HOMESCHOOL: <input type="checkbox"/>	
		WAVE PARTNER DISTRICT: <input type="checkbox"/> CRUHS <input type="checkbox"/> KUSD <input type="checkbox"/> PUSD	
		MCC Accuplacer	
		<input type="checkbox"/> No <input type="checkbox"/> Yes, Score _____	

APPLICATION CULINARY & HOSPITALITY



Program classes meet 4 days per week (not Thursday).
This program has... a High School credit path OR a
Dual Enrollment path with Mohave Community College.

Course Fee: \$75 per year.
Tuition: \$0 Tuition is paid for by WAVE.
Transportation: Will be provided for 2017-2018

PERSONAL DATA

Student Last Name:		First Name:		Middle:
Home Address:				
Applicant/Student Main Phone:		Applicant/Student Cell Phone:		
Applicant/Student Other Phone:		Applicant/Student Email:		
Gender:	Grade:		Graduation Year:	
Does the Applicant have an Individualized Education Plan (IEP) or a 504 Accommodation Plan? IEP <input type="checkbox"/> Yes <input type="checkbox"/> No 504 <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, current copies MUST be submitted to WAVE JTED one week prior to class.)				
GPA:	# Absences (last semester):	Birth Date:		Primary Language:
Birth City:		Birth State:		Birth Country:
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> White				
Accuplacer Prerequisite (for Dual Enrollment): Reading score >=71		Have you taken the MCC Accuplacer? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be taking the Accuplacer test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Accuplacer Reading Score for Dual Enrollment):: _____ Reading

(please sign up in the LHHS Career Center [no cost] or MCC [fee] to take Accuplacer test prior to March 31, 2017)



Student Applicant Name	
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Contact Information

Student Applicant lives with (check all that apply): Parent/Guardian #1 Parent/Guardian #2 Other (specify):

Parent/Guardian #1

Name: Mother Father Other (specify):

Address (same as applicant):

Primary Telephone: Secondary Telephone:

Email:

Legal custody? Yes No Receive mailings? Yes No

Language(s) spoken (in addition to English):

Parent/Guardian #2

Name: Mother Father Other (specify):

Address (same as applicant):

Primary Telephone: Secondary Telephone:

Email:

Legal custody? Yes No Receive mailings? Yes No

Language(s) spoken (in addition to English):

Local Emergency Contact

Name: Relationship to Applicant: Okay to pick up? Yes No

Primary Telephone: Secondary Telephone:

WORK EXPERIENCE
(Attaching a resume to your application is encouraged, but not required.)

Place of Employment and Supervisor's Name	Position	Dates of Employment	Hours Per Week
1.			
2.			

Certifications/Licenses

Do you currently hold a Mohave County Food Handlers Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Certification(s)? _____
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RELEASE OF INFORMATION

Student Applicant Name		
Student Applicant Date of Birth		

**FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT
(F E R P A)**

As parent(s) or legal guardian(s) of the above named student, I/We authorize the following high school district/college/other educational institution: **Lake Havasu Unified School District #1** to furnish any and all student records, concerning my child, including special education records, grades, transcripts, attendance records, discipline files, etc, if requested, to:

WAVE JTED 700 W Beale Street Kingman, AZ 86401	and/or	WAVE JTED Culinary and Business Campus 1540 S Palo Verde Blvd Lake Havasu City, AZ 86403
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I/ We also authorize WAVE JTED District #50 to furnish any and all student records, concerning my child as indicated above, to the education institution identified above.

The purpose of this release is to ensure the accurate transfer of information between the educational institutions listed above for grading, attendance, academic credit and related education matters.

IT IS UNDERSTOOD THAT DISCLOSURE OF THIS INFORMATION IS REGULATED BY THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA), AND OTHER LAWS.

SIGNATURE PARENT/ GUARDIAN (please specify)

DATE

ADDRESS PARENT/GUARDIAN



Student Applicant Name	
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**RECOMMENDING TEACHER: Please return this recommendation in a sealed envelope to
LHHS Career Center or WAVE Central Campus
no later than Friday, March 31, 2017.**

TEACHER RECOMMENDATION		
Recommending Teacher's Name	Teacher's Position	Teacher's Title
Teacher's Phone Number	Teacher's Email Address	
Teacher's Signature	Date	

What is your relationship to the student applicant?
How long have you known the student applicant?

5 = Always	4 = Most of the time	3 = Usually	2 = Occasionally	1 = Rarely
Student exhibits positive attitudes and behaviors.				5 4 3 2 1
Student presents appropriate appearance.				5 4 3 2 1
Student demonstrates good interpersonal relations.				5 4 3 2 1
Student completes tasks effectively.				5 4 3 2 1
Student demonstrates dependable and reliable attributes				5 4 3 2 1

Additional comments or information about the student that would be beneficial in our selection...

Thank you!!