**ROCHESTER CITY SCHOOL DISTRICT
CAREER PATHWAYS SHARED-TIME PROGRAMS FOR**

**AUTOMOTIVE OR CONSTRUCTION @ EDISON**

**APPLICATION**

**(PLEASE PRINT)**

Last Name: First Name:

Street Address: City Zip Code

Home Phone: Cell Phone:

Emergency Phone: E-Mail Address:

Date of Birth:

Do you currently have a NYS driver’s permit? Yes No License? Yes No

Parent/Guardian Name:

Parent/Guardian Home Phone: Cell:

School You Currently Attend:

Student ID Number: Grade in Upcoming Fall: 11 12 (Please circle)

Program/Course interested in: **(Please circle)**

* Construction
* Automotive

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ \_ \_\_\_

Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**School Counselor please complete this section along with a copy of transcript, attendance, and discipline records. Two letters of recommendation are required for the Career Pathways to Cosmetology program.**

Overall GPA:

Number of credits earned:

Number of unexcused absences:

Total number of discipline incidents:

Total number of out of school suspensions (short- and long-term):