



Associate School: \_\_\_\_\_

Graduating Class 20 \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Last First Middle Name Called Name

Address: \_\_\_\_\_  
Street Name and Number City Zip Phone: (\_\_\_\_) \_\_\_\_\_

Gender:  M  F Birth date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email Address: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Hoodie Size: \_\_\_\_\_

**CAREER CHOICE - Indicate First Choice with 1 and Second Choice with 2:**

- Automotive Collision:  1  2
- Automotive Technology:  1  2
- Aviation–Aerospace Academy:  1  2
- Carpentry:  1  2
- Cosmetology:  1  2
- Criminal Justice:  1  2
- Culinary Technology:  1  2
- Digital Design:  1  2
- Early Childhood Education:  1  2
- Electricity:  1  2
- Environmental Controls (HVAC):  1  2
- Fire Science/EMT Basic:  1  2
- Graphic Arts/Communications:  1  2
- Health Science Academy:  1  2
- Heavy Equipment:  1  2
- Information Technology:  1  2
- Landscape Technology:  1  2
- Legal Office Technology:  1  2
- Power Systems Technology:  1  2
- Project Lead the Way (Pre-Engineering):  1  2
- Sports Medicine/Physical Therapy:  1  2
- Veterinary Science:  1  2
- Welding and Fabrication:  1  2

**SENIORS ONLY**

- Marketing:  1  2
- Project SEARCH:  1  2
- Senior Internship:  1  2
- Teacher Academy:  1  2

**TO BE COMPLETED BY PARENT OR GUARDIAN**

Father or Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Custody:  Yes or  No (please check one) Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother or Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Custody:  Yes or  No (please check one) Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Relationship

**A two week trial period will be required of all accepted students. The parent and student agree to comply with this procedure.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

**SUBMIT FORM**

Admission to the Warren County Career Center will be considered without regard to race, color, national origin, sex, or disability. Title IX regulations.

**3525 North State Route 48  
Lebanon, OH 45036  
513-932-5677  
www.mywccc.org**

**ASSOCIATE COUNSELOR USE ONLY**

Date Application Received: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Initials: \_\_\_\_\_

- Full day at the WCCC
- One-half day at the WCCC
- Phase 1: This student has at least 8 credits for admission and is in good standing and on track to graduate with the present sophomore class.
- Phase 2: 5 credits/3 core and written plan
- Phase 3: 2 credits/written plan and career technical evaluation