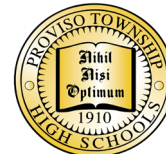


# Proviso Township High Schools

## SY2023-2024 CTE Program Application



**Thank you for your interest in the Proviso CTE Programs. To be eligible to participate, students must meet the following criteria:**

1. Rising Junior headed towards 12.0 credits by the end of your sophomore year
2. Cumulative, unweighted GPA of 2.5 or higher
3. No major disciplinary issues during the current school year

**Please note: The administration reserves the right to review each application on a case-by-case basis.**

**Select the desired program:**    ☐ Automotive Mechanic/Technician    ☐ Barbering    ☐ Business Management and Administration  
☐ Certified Nursing Assistant (CNA)    ☐ Cosmetology    ☐ Criminal Justice    ☐ Early Childhood Education  
☐ Engineering Technology    ☐ Information Technology Specialist    ☐ Manufacturing    ☐ Nutrition and Culinary Arts  
☐ Science Technology Engineering and Math (S.T.E.M.)

### STUDENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School ID: \_\_\_\_\_ Campus (circle one):    Proviso East    Proviso West    PMSA

### PARENT / GUARDIAN

First and Last Name: \_\_\_\_\_

*"I understand that a limited number of slots are available in the CTE programs, and I must meet the eligibility criteria listed above to be considered for the program. I understand that the building principal will determine which students are selected to participate from among the qualified applicants."*

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

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

### -----OFFICE USE ONLY-----

**Administrator - Please provide the following information based on the 2023 Attendance and Disciplinary Data:**

Number of Excused Absences: \_\_\_\_\_

Number of Unexcused Absences: \_\_\_\_\_

Number of Tardies: \_\_\_\_\_

Number of Days in ISS: \_\_\_\_\_

Number of Days in OSS: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

**Counselor – Please provide the following information based on the 2023 Academic Data**

Current Cumulative GPA (unweighted): \_\_\_\_\_

Current Class Rank: \_\_\_\_\_

Number of credits earned at time of application: \_\_\_\_\_

Number of credits deficient at time of application: \_\_\_\_\_

Number of credits expected by end of SY: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

# Proviso Township High Schools

## SY2023-2024 Aplicación del Programa CTE



Gracias por su interés en los programas de CTE de Proviso. Para ser elegible, deberán cumplir con los siguientes criterios:

1. Estudiante de tercer año encaminado a completar 12.0 créditos al final de su segundo año
2. Tener un promedio (GPA) acumulativo, no ponderado de 2.5 o superior
3. Ningún problema disciplinario significativo en este ciclo escolar

**Nota:** La administración reserva el derecho de evaluar cada solicitud caso por caso.

**Seleccione el programa deseado:**

- ☐ Mecánico/Técnico Automotriz    ☐ Barbería    ☐ Administración de Empresas  
☐ Asistente de Enfermería Certificada (CNA)    ☐ Cosmetología    ☐ Justicia Penal    ☐ Educación Infantil  
☐ Tecnología de Ingeniería    ☐ Fabricación    ☐ Nutrición y Artes Culinarias    ☐ Especialista en Tecnología de la Información  
☐ Ciencia Tecnología Ingeniería y Matemáticas (S.T.E.M.)

### ESTUDIANTE

Apellido: \_\_\_\_\_ Nombre: \_\_\_\_\_

ID Escolar: \_\_\_\_\_ Campus (marque uno):    Proviso East    Proviso West    PMSA

### PADRE / TUTOR

Apellido: \_\_\_\_\_ Nombre: \_\_\_\_\_

*"Entiendo que hay un número limitado de cupos disponibles en los programas CTE, y debo cumplir con los criterios de elegibilidad. Entiendo que el director determinará a los estudiantes calificados para participar en los programas".*

Firma del estudiante: \_\_\_\_\_

Firma del padre/tutor: \_\_\_\_\_

### -----PARA USO DE LA OFICINA-----

**Administrator - Please provide the following information based on the 2023 Attendance and Disciplinary Data:**

Number of Excused Absences: \_\_\_\_\_

Number of Unexcused Absences: \_\_\_\_\_

Number of Tardies: \_\_\_\_\_

Number of Days in ISS: \_\_\_\_\_

Number of Days in OSS: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

**Counselor - Please provide the following information based on the 2023 Academic Data**

Current Cumulative GPA (unweighted): \_\_\_\_\_

Current Class Rank: \_\_\_\_\_

Number of credits earned at time of application: \_\_\_\_\_

Number of credits deficient at time of application: \_\_\_\_\_

Number of credits expected by end of SY: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

*El Distrito 209 ofrece programas en los que no se puede negar la admisión por motivos de raza, color, credo, religión, sexo, nacionalidad, discapacidad o situación social económica.*