

Clarion County Career Center 447 Career Lane • Shippenville, PA 16254 • (814) 226-4391 Fax (814) 226-7350

STUDENT APPLICATION

Contact your Guidance Counselor if you need assistance completing this application.

CCCC		PLEASE PRIN	TT *Indicates information i	is required
LAST		FIRST	MIDDLE	
Full Name				Date
Mailing Address				
*Physical Address				
City		*Zip	*Phone number	Unlisted? Y N
*County of residence		*Birtl	h date	
City of birth		*State	e of birth	
*Country of birth		Social	security #	
ease Note: Race & Gender in	nformation is used for PA I	Dept. of Education repor	ting purposes only. *Gender:	Male Female
Multiracial (circl	le <u>two</u> or more): Am. Ind/A udent <i>lives</i> with	alaska Nat. Asian B	Asian Black or African Am lack or African Am. Hawaiian/F	PacIsln White
			*Current Grade	
		CHOOSE YOUR P		
	e considered for admiss		g Clarion County Career Cent	ter program(s):
2nd Ch	noice:			
*		*		
(Indicates permissi	Parent/Guardian Signa ion for student to attend the Ca		Student Signatu	ıre
	arent/Guardian's email a	ddress	Student's email a	ddress
disability, age, religion, ances state and federal laws, includi	stry, union membership, creed, mariling Title IX of the Education Amen	rital status, veteran's status, or andments of 1972, Sections 503 a	es or employment practices, based on race, cony other legally protected classification. Anno and 504 of the Rehabilitation Act of 1973 and	ouncement of this policy is in accordance wi the Americans with Disabilities Act of 199
Clarion County	information about accommodat	tions for persons with disabilitie	r complaint of harassment or discrimination, or es should contact: <i>Title IX Coordinator</i> nippenville, PA 16254 814.226.4391	or who need
Entry Date:	Counselor:	P	PASecure ID:	Rev. 7/2022