



**GLENDALE UNIFIED SCHOOL DISTRICT  
Career Technical Education  
High School Program Application**

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Male</b>	<b>Female</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Grade</b>	<b>School ID #</b>
<b>Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>School of Attendance</b>		
<b>Student Phone #</b>	<b>Student E-mail Address</b>		<b>Parent E-mail Address</b>					
<b>Parent Name</b>		<b>Parent Phone #</b>		<b>Home Phone #</b>				
<b>Emergency Contact Information (Name, Home Phone, Cell Phone)</b>								
<b>Program Title</b>	<b>Site</b>	<b>Room #</b>	<b>Class Days</b>	<b>Class Hours</b>	<b>Class Start Date</b>	<b>Class End Date</b>		
<b>OFFICE USE ONLY Program Number</b>	<b>DEADLINE TO DROP THIS CLASS WITHOUT PENALTY OF A POSSIBLE FAIL GRADE IS</b> <p align="center"><b>February 28, 2019</b></p>							

**OFF CAMPUS CTE CLASS CONTRACT**

I, \_\_\_\_\_, ID # \_\_\_\_\_ agree to the following CTE class requirements. I understand failure to complete the requirements of the class will result in a **FAIL (F) with no credit.**

**Read and initial items:**

\_\_\_\_ I will attend all classroom instruction. Class meets according to class schedule. I understand that (3) unexcused absences may result in a lower grade or a **FAIL (F)** grade.

\_\_\_\_ I understand that I must contact my Counselor to approve first and then notify the CTE Technician if I decide to Drop the class. Failure to do so may result in a **FAIL (F)** grade on my transcript.

\_\_\_\_ Dropping this class after the official drop date will result in a **FAIL (F)** grade on my transcript. I understand no partial credit will be given for the class.

\_\_\_\_ I further understand that I must complete course outline or course syllabus requirements/expectations to receive class credits.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselors Signature: \_\_\_\_\_ Date: \_\_\_\_\_