



Canaan Career Center

Application for Vocational Programs

Canaan, VT 05903

802-266-8910

www.canaanschools.org

- Rank in order of Interest (1,2,3,etc):
- ___ Building Trades – Mr. Reid, ereid@canaanschools.org
 - ___ Business – Mrs. Lyons, slyons@canaanschools.org
 - ___ Diversified Agriculture – Mr. Brady, cbrady@canaanschools.org
 - ___ Fire & Emergency Services – Mr. Nichols, tnichols@canaanschools.org
 - ___ Health Services – TBD for Fall 2015

Student Information

Name: _____
Last First M.I.

Date of Birth: _____

Physical Address: _____

Mailing Address: _____

Present Grade: _____

Parent Information

Name: _____ Relationship to Student: _____

Address (if different): _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to Student: _____

Address (if different): _____

Home Phone: _____ Work Phone: _____



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This program is Four Semesters (2 years) in length. How many semesters of this program do you plan to complete? _____

Why are you interested in entering your first choice Vocational Program? (Attach an additional sheet if necessary.)

What are your plans for after high school? (Attach an additional sheet if necessary.)

Student Signature

Date

Parent Signature

Date

Please return all applications to the Canaan Guidance Counselor at: 99 School Street, Canaan VT 05903

For Office Use Only

Date Received: _____

Specific Courses student will be taking:
