



Requirements

- Must be on track for graduation with room in schedule for electives.
- Must have good behavior record.
- Must have good attendance.
- EDP Alignment may be required. (Career Cruising ~ Pathway)

Application Process

- Complete pages 1, 2, and 3 of the OSTC application packet.
- **You must put your 1st and 2nd choices for preferred cluster
 - Construction Technology
 - Cosmetology (Must get Counselor approval first)
 - Culinary Arts & Hospitality
 - Engineering/Emerging Technologies
 - Health Sciences
 - iTeam – Information Technology, Entrepreneurship, Advanced Marketing
 - Transportation Technology

Not available at Pontiac Campus, must provide own transportation:

 - Biotechnology and Environmental Science
 - Visual Imaging Technology
- Return to Mrs. Gohl by April 2, 2015.

Please keep in mind that slots are limited. All applications returned by April 2 will receive priority registration. Students are not guaranteed a seat at OSTC.

Please visit www.ostconline.com for more information on Clusters.



Request for Consideration OSTC 2015-2016 *(please print clearly)*

Student's Legal Name: _____ Student High School _____

Parent/Guardian Home Phone: _____ Parent/Guardian Cell Phone: _____

Date of Birth _____ Current Grade (circle one): 10th 11th 12th Student Status (circle one): Returning to OSTC New to OSTC Tuition

I would like to enroll in the following cluster at Oakland Schools Technical Campus: *Please see below for cluster choices.*

1st CLUSTER CHOICE: _____ AM PM

2nd CLUSTER CHOICE: _____ AM PM

Biotechnology and Environmental Science (ONLY available at NW, SE, SW)

Construction Technology (ONLY available at NE, NW, SE)

Cosmetology (regional program ONLY offered at NE)

Culinary Arts & Hospitality

Engineering/Emerging Technologies (Mechatronics, Machining, Welding)

Health Sciences

ITEAM -Information Technology, Entrepreneurship, Advanced Marketing

(Marketing, Networking, Programming, Web Development)

Transportation Technology (Auto Tech, Collision, Heavy Equipment)

Visual Imaging Technology (ONLY available at NW, SE, SW)

Select the campus you would like to attend (circle one): NE (Pontiac) NW (Clarkston) SE (Royal Oak) SW (Wixom)

Please note: The enrollment process contains the following steps. Failure to complete all of the steps by April 1, 2015 may forfeit enrollment for the Fall.

Step 1. Student fills out the Request for Consideration online, prints and gives to high school counselor.

Step 2. Sending schools determine best fit for campus based on suggested criteria: EDP alignment, attendance, discipline and progress of credits earned toward graduation.

Step 3. Sending schools confirm student selection by sending the necessary paperwork **COMPLETED:** Student

Data Form with Emergency Contact Information, Counselor Confirmation with EDP, Transcript, and if applicable, IEP and IEP summary, PC, 504 plan prior to April 1, 2015.

Signature (print name and sign):

Student

Counselor Signature





2015-2016 Student Data Form *with Emergency Contact Info*

INFORMATION TO BE FILLED OUT BY PARENT/LEGAL GUARDIAN

Student's Legal Name: First _____ Last _____ Middle _____

Student High School _____ StudentEmail _____

My primary language is (circle one): English Spanish Arabic Other (please list) _____

Date of Birth _____ Gender (circle one): Male Female Current Grade (circle one): 10th 11th 12th

Student Status (circle one): Returning to OSTC New to OSTC Tuition

Ethnic group (circle one): African American Asian Caucasian Hispanic Native American Indian Pacific Islander

CLUSTER/PROGRAM CHOICE _____ SESSION (circle one): AM PM

Select the campus you will attend:	NE (Pontiac) 1371 North Perry Pontiac, MI 48340 248.451.2700 Fax: 248.451.2720	NW (Clarkston) 8211 Big Lake Road Clarkston, MI 48346 248.922.5800 Fax: 248.922.5805	SE (Royal Oak) 5055 Delemere Street Royal Oak, MI 48073 248.288.4020 Fax: 248.288.4071	SW (Wixom) 1000 Beck Rd Wixom, MI 48393 248.668.5600 Fax: 248.668.5670
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Parent/Legal Guardian (adult persons living with student):

1. Last Name _____ First Name _____ Relationship _____
 Home Phone _____ CellPhone _____ Work Phone _____
 Email address _____
 Address _____ City _____ State/Zip _____

2. Last Name _____ First Name _____ Relationship _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email address _____

Are there Legal Custody Restrictions (circle one)? Yes No _____ If yes, please submit documentation

Should alternative contact receive mailings (circle one)? Yes No

Alternate Contact (not living with student):

Last Name _____ First Name _____ Relationship _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email address _____
 Address _____ City _____ State/Zip _____



Medical Information

Student's Legal Last Name: _____ Legal First Name: _____ Middle Name: _____

STUDENT MEDICAL INFORMATION

Does the student have any current medical/health restrictions (circle one)? Yes No

If yes, please explain condition: _____

Will the selected cluster (program) aggravate the student's medical/physical condition (circle one)? Yes No

(Example: A student who has an asthmatic condition and is working in Construction, Collision Repair or Biotechnology)

List any medical conditions that we should be aware of: _____

If yes, specify the condition and name of health care professional: _____

My child has a Medical Action Plan on file at their high school. Yes No If YES, please attach a copy of the plan.

Please list any medications the student is taking on a regular basis: _____

If medication is to be dispensed at OSTC, a consent form must be obtained and completed. See the OSTC main office at your campus.

In case of an emergency, the OSTC is authorized to take immediate action necessary for the preservation of the students health.

As a parent/guardian/student:

- I release information to Michigan Rehabilitation Services for job placement services, if applicable.
- I give permission for my child to be recorded through audio/visual imaging (photographic, video, and/or audio recordings) for the purpose of school use in public relations displays, news releases, newsletter articles, and/or OS/OSTC Websites to acknowledge awards and/or achievements.
- I approve the above request and give my consent to the technical cluster selection.
- If my child needs academic additional credit, I give my permission.

I have read, understand and agree to all of the above (circle one). Yes No, explain _____

Signature of Parent/Legal Guardian or Adult Student _____ Date _____

Student Signature _____ Date _____

2015-2016 Counselor Confirmation Page

Student Name: _____ **Student UIC Code:** _____

Check applicable boxes: EDP Transcript 504 Plan IEP IEP Summary Personal curriculum **Include forms for all checked boxes.**

Cluster Choice: _____ **Session (circle one):** AM PM

CLUSTERS	EMBEDDED ACADEMIC CREDITS	ACADEMIC OPTIONS (Pull Out)																					
Biotechnology & Environment Science iTEAM Construction Technology Cosmetology Culinary Arts & Hospitality Engineering & Emerging Technology Health Sciences Transportation Technology Visual Imaging Technology	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">3rd Science</td> <td style="border: none;">or</td> <td style="text-align: center; border: none;">4th Math</td> </tr> <tr> <td style="border: none;">Biotechnology</td> <td style="border: none;"></td> <td style="border: none;">Biology</td> </tr> <tr> <td colspan="3" style="border: none; padding: 10px 0;">Functional Biochemistry</td> </tr> <tr> <td colspan="3" style="border: none; padding: 10px 0;">Technical Physics</td> </tr> <tr> <td colspan="3" style="border: none; padding: 10px 0;">Anatomy & Physiology</td> </tr> </table>	3rd Science	or	4th Math	Biotechnology		Biology	Functional Biochemistry			Technical Physics			Anatomy & Physiology			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Algebra 2 A</td> <td style="width: 50%; border: none;">Algebra 2 B</td> </tr> <tr> <td style="border: none;">English 12 A</td> <td style="border: none;">English 12 B</td> </tr> <tr> <td style="border: none;">Physics A</td> <td style="border: none;">Physics B</td> </tr> </table> <p style="font-size: small;">Academic credit is available for all cluster choices, with OSTC and high school counselor approval. Please place a check mark in the box to indicate your preference; we will try to accommodate your needs.</p>	Algebra 2 A	Algebra 2 B	English 12 A	English 12 B	Physics A	Physics B
3rd Science	or	4th Math																					
Biotechnology		Biology																					
Functional Biochemistry																							
Technical Physics																							
Anatomy & Physiology																							
Algebra 2 A	Algebra 2 B																						
English 12 A	English 12 B																						
Physics A	Physics B																						

CREDIT EQUIVALENCIES/EXCHANGES

Does the student plan to complete CTE program for the 1 credit World Language Exchange?	YES	NO	
Does the student plan to complete CTE program for the 3 rd Science Credit/Exchange?	YES	NO	
Does the student plan to complete CTE program for the Algebra 2 Alignment requirement (Algebra 2 benchmarks assessed on State Assessment)?	YES	NO	

If on-line credit recovery is needed, please complete the Academic Credit Option Consent Form (page 2).

Counselor Name: _____ **Phone #:** _____

STUDENT SUPPORT SECTION - only if related to OSTC academics:

Check here if none of these student supports are needed.

Case/resource teacher _____

Phone #: _____

- Other Health Impairment
- Specific Learning Disability
- Physical Impairment
- Emotional Impairment
- Visual Impairment
- Hearing Impairment
- Deaf/Blind

- Cognitive Impairment
- Traumatic Brain Injury
- Autism Spectrum Disorder
- Speech/Language Impairment

- Limited English Proficiency
- Individual with disability
- Individual from economically disadvantaged family, including foster children
- Individual preparing for non-traditional field
- Single parent, including pregnant women
- Homeless (living somewhere other than parent's home)

Counselor Signature: _____ **High School:** _____ **Date:** _____

Campus Choice: NE (Pontiac) NW (Clarkston) SE (Royal Oak) SW (Wixom)

Academic Credit Option Consent for 2015-2016 School Year

*Only required if Edgenuity credit is being requested.



Student's Name: _____

NE NW SE SW CLUSTER: _____ Session: AM or PM

This consent is to arrange academic credit between District and Campus *administration* and reflects the student's need for credit OTHER THAN options listed on the OSTC Student Data Form.

Students are responsible for completing the work assigned by the certified ELA, math or science instructor and must pass his/her career-technical program. Academic credit can be used to fulfill an academic or elective credit necessary for graduation from the sending school. **Note:** *All academic and career technical credit is **RECOMMENDED** by OSTC to the local school district. Participation in academic courses may result in a reduction of career technical credit recommendation.*

I am seeking credit for: _____ (Online delivery using Edgenuity)

Student seeking: ½ credit (1 trimester or 1 semester; please indicate semester content by checking A or B)

1 credit

It is recommended that students wishing to take a full year are passing their technical education class as well as the academic class they wish to continue.

Date

Sending School Counselor Signature

OSTC Counselor Signature

Sending School Administrator Signature