

MCVSD APPLICATION CHECKLIST 2016-2017

Dear School Counselor/Principal,

Please provide the following **form** and requested **student records** to the Monmouth County Vocational School District as soon as possible. 4000 Kozloski Rd. Freehold, NJ 07728

PART I- IDENTIFICATION INFORMATION

Student Name: _____

MCVSD Program Applying to: _____

Current School: _____

Parent/guardian gives their permission for the release of the above applicant's school records to Monmouth County Vocational School District.

Parent/Guardian Name

Parent/Guardian Signature

PART II- STUDENT INFORMATION

Student State ID Number (SID): _____

Public Resident District: _____ High School _____

Incomplete applications will not be processed and the student may be ineligible for admission.

Check off what is included.

Transcript of **all** high school grades through midyear of current year _____

Attendance Record of all High School years through mid-year of current year _____

Discipline Records _____

Standardized Test Results _____

PART III- COUNSELOR/PRINCIPAL INFORMATION

Counselor/Principal Name: _____

Counselor/Principal Phone Number and ext.: _____

Counselor/Principal Email: _____

Counselor/Principal Signature: _____

Counselor/Principal Comments (Attach an additional sheet if necessary):

