

AROOSTOOK Career Exploration

Registration Form

Please print clearly. Complete and submit this form. There will be four to five sessions offered during the school year. You are not required to complete them all, but are encouraged to do so if you can, as each one builds upon knowledge gained at the previous session.

Name: _____

Mailing Address: _____
Street/PO Box

City Zip

Phone: (207) _____ Email: _____

What grade will you be in this academic year? Freshman Sophomore Junior Senior

School attending: _____

I am being homeschooled.

Please list your career interests.

1.

2.

3.

I approve my child taking part in this program and authorize school personnel to release information to program coordinators regarding my son/daughter's performance as a student.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

**Return this form to your guidance office or mail it to:
ARG Clinical Education Dept., PO Box 151, Presque Isle, ME 04769**