

REGIONAL PROGRAMS

(OFFERED BY CEANCI REGIONAL HIGH SCHOOLS & EDUCATORS OF BEAUTY)

2015-2016

- **AUTO I-IV**
- **INTRODUCTION TO HEALTH OCCUPATIONS**
- **MEDICAL SCIENCE**
- **WELDING I & II**

NEW TO REGIONAL PROGRAMS:

OFFERED BY EDUCATORS OF BEAUTY- ROCKFORD CAMPUS

- **COSMETOLOGY**

REGIONAL PROGRAM INFORMATION: 2015-2016
APPLICATION DEADLINE: MARCH 4, 2015
DEADLINE TO WITHDRAW: APRIL 24, 2015

Please Note:

- The program information provided is *subject to change*; pending final district-based decisions.
- **Applications will be considered on a, "first come, first serve basis."**
- The following programs are provided by our regional high schools and are offered on those high school campuses-Cosmetology is an exception; offered at Educators of Beauty-Rockford.
- Programs available to Juniors & Seniors Only.
Cosmetology: Seniors Only- Medical Science: 17 Years of Age
- Please reach out to the school contact indicated below, should you require additional information in regards to program specifics or questions in regards to attendance or academic progress during the 2015-2016 school year.
- The courses are *year-long* commitments-No exceptions please.
- If you require the most updated course descriptions, please reach out to the school contact indicated below.
- Contact information may change after packet publication; please reach out to a school counselor should efforts to contact the names and numbers indicated below, has not yielded results.
- As always, CEANCI is available to serve and assist, as needed.
- **Special Reminder:** Like Advance Now Programs via RVC, in concert with your central business office, please establish a 'District-Based Contract' for parents & students to sign; ensuring your district budgets are secured should a student/parent request a withdrawal from programs after the deadline of **April 24, 2015**. Student programs are funded by your school districts.

AUTOMOTIVE SERVICE TECHNOLOGY: BYRON HIGH SCHOOL

COURSE NAME	AUTO I & AUTO 2 (Intro: Brakes, Chassis/Electrical)
PREREQUISITES	NONE
TIME	8:00-9:21-A 1
DAYS	A1
GRADE LEVEL	11-12
TERM	1 YEAR
CONTACT	BRAD MILLER-815-234-5491 X350 OR X368

AUTOMOTIVE SERVICE TECHNOLOGY: BYRON HIGH SCHOOL

COURSE NAME	AUTO III & IV (Electrical/Brakes)
PREREQUISITES	AUTO I & II
TIME	8:00-9:21 B1 OR 1:00-2:21-B4
DAYS	B1 or B4
GRADE LEVEL	11-12
TERM	1 YEAR
CONTACT	BRAD MILLER-815-234-5491 X350 OR X368

NEW: COSMETOLOGY: EDUCATORS OF BEAUTY (ROCKFORD)

COURSE NAME	COSMETOLOGY-EARN 350/1,500 PROGRAM HOURS
PREREQUISITES	NONE
TIME	1:00-3:00
DAYS	MONDAY-FRIDAY-2601 N MULFORD ROCKFORD, IL 61114
GRADE LEVEL	SENIORS ONLY
TERM	1 YEAR
CONTACT	LISA KEMPTHORNE-815-921-1653

HEALTH OCCUPATIONS: AUBURN HIGH SCHOOL

COURSE NAME	INTRODUCTION TO HEALTH OCCUPATIONS
PREREQUISITES	NONE
TIME	TBD BY AUBURN HIGH SCHOOL
DAYS	MONDAY-FRIDAY
GRADE LEVEL	11 & 12
TERM	1 YEAR
CONTACT	ROSEMARY PAPKE-815-978-6720

MEDICAL SCIENCE: AUBURN HIGH SCHOOL

COURSE NAME	MEDICAL SCIENCE
PREREQUISITES	B average in Math, Science & English
TIME	TBD BY AUBURN HIGH SCHOOL
DAYS	MONDAY-FRIDAY
GRADE LEVEL	17 Years of Age
TERM	1 YEAR
CONTACT	ROSEMARY PAPKE-815-978-6720

WELDING TECHNOLOGY: OREGON HIGH SCHOOL

COURSE NAME	WELDING TECHNOLOGY I
PREREQUISITES	NONE
TIME	1:55-2:42
DAYS	MONDAY-FRIDAY
GRADE LEVEL	11 & 12
TERM	1 YEAR
CONTACT	LORI SPRATT-815-732-5300 X1116

WELDING TECHNOLOGY: OREGON HIGH SCHOOL

COURSE NAME	WELDING TECHNOLOGY II
PREREQUISITES	WELDING TECHNOLOGY I: C OR BETTER
TIME	1:03-1:50
DAYS	MONDAY-FRIDAY
GRADE LEVEL	12
TERM	1 YEAR
CONTACT	LORI SPRATT-815-732-5300 X1116

2015-2016 REGIONAL PROGRAM APPLICATION

DEADLINE TO SVHS Counseling Office: MARCH 4, 2015

DATE 4-PAGE APPLICATION RECEIVED COMPLETE:

PLEASE PRINT LEGIBLY-THANK YOU

Complete ALL fields and return the completed application to: SVHS Counseling Office

DEADLINE DATE : March 4, 2015 (First come, first serve basis)

Student Information:

STUDENT ID # _____

Name _____

High School _____ Current Grade Level _____

Home Mailing Address _____ City _____ Zip _____

Student Email Address _____ Student Cell Phone _____

High School Counselor _____

REGIONAL PROGRAMS (SELECT ONE)

Automotive Service Technology I

Byron HS

Automotive Service Technology II

Byron HS

___ **Cosmetology-SENIORS ONLY**

___ **Health Occupations-Intro.**

___ **Medical Science-MUST BE 17**

___ **Welding Technology I**

___ **Welding Technology II**

Educators of Beauty

Auburn HS

Auburn HS

Oregon HS

Oregon HS

I hereby agree to follow the Academic Calendar of the Host High School (Regional Program Site) or Educators of Beauty and adhere to any/all of their attendance and program policies.

I hereby release my consent for Host High School Instructors to share my academic/attendance/classroom progress with my Parents/Guardians, my Home High School and CEANCI.

STUDENT NAME PRINTED

STUDENT SIGNATURE

PARENT NAME PRINTED

PARENT SIGNATURE

High School Responsibilities and Approval:

We, the undersigned as high school representatives, affirm the applicant is a qualified candidate in good academic standing, applying for Regional Program enrollment and agree to the following:

- Provide ongoing communication with the **Regional Program Host High School** and CEANCI in the event of questions, concerns or updates in regards to the enrollee's contact information, academic progress or changes in the status of their program enrollment.
- Communicate attendance reports, grade reports & academic progress and any/all concerns which may be communicated by the **Regional Program Host High School**, to the appropriate staff members within your high school and CEANCI.

Principal Signature

High School Counselor Signature

Thank you for supporting Regional Programs!

Questions or Concerns?

Please contact:

Lisa Kempthorne

Programs Director/Assistant System Director

(815) 921-1653

l.kempthorne@rockvalleycollege.edu

www.ceanci.org

Parent Permission & Liability Release/Parent/Student Contract PAGE 3 & 4



**REGIONAL PROGRAMS- 2015-2016
PARENT PERMISSION AND LIABILITY RELEASE**

My son/daughter, _____ has my permission to participate in Regional Programs, offered by Regional High Schools and Educators of Beauty, thru CEANCI.

I realize that Stillman Valley High School is using the CEANCI consortium as an extension of our classroom to provide additional academic opportunities for my son/daughter; this experience has been set up solely for the benefit of my child. My son/daughter is covered by medical insurance.

There is the potential for harm to my child. I understand that precautions will be taken to protect my son/daughter from injury through safety instruction and other precautions.

My son/daughter has my permission to use our vehicle to drive between Stillman Valley High School and the Regional Program locations. My son/daughter is covered by automotive insurance.

Injury or illness that may occur during the time the student is participating in this program is the full responsibility of the parent. In the event of injury or illness due to participation in any CEANCI program, we the student and parent(s) will not hold CEANCI, the host site, owners, employees, or other representatives or my child's school district, or other representatives of such organizations liable in any way.

In consideration of my son's/daughter's opportunity to participate in CEANCI Regional Programs, I hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my son/daughter by a physician, qualified nurse, and/or hospital, in the event of accident, injury or illness during all periods of time in which the student is traveling to or from the approved site or is at the approved site. I realize that I will be responsible for any and all medical costs, and hereby waive on behalf of myself and the above named child any liability of the Meridian CUSD223 School District, any of its agents or employees, arising out of such accident, injury, illness, or medical treatment.

Student Name (Print) **Date**

Student Signature **Date**

Parent or Guardian (Print) **Date**

Parent or Guardian Signature **Date**

**REGIONAL PROGRAM 2015-2016
PARENT/STUDENT CONTRACT**

Attendance & Schedule:

- Student priority is to the Regional Program Calendar, not their Home High School Calendar.
- Students are expected to attend class, even if their home high school is not in session and their Regional Program is in session.
- Home high school final exams: If in conflict, will need to be rescheduled by the student, the student's high school counselor and high school instructors.
- Students are expected to notify their Regional Program instructor and their home high school directly, for all late arrivals & absences. Please do not contact CEANCI.

Grade Authorization & Release:

- By signature below, students accepted into Regional Programs hereby authorize CEANCI to obtain and utilize student grades & attendance reports as a means to collect data and track students.

Photo/Video Authorization & Release:

- By signature below, students accepted into a Regional Program hereby authorize CEANCI, without charge, the use of his/her photos or videos for use in recruitment, publication, marketing or informational purposes.

Program Costs:

- School districts determine and provide information on the total cost to the students for participation in Regional Programs. Please speak directly with high school counselors.
- If applicable, school districts will invoice students; payment due dates will be set by the district.
- Students are financially responsible for textbooks, any/all program supplies and materials indicated by the program instructor on the first day of class.

Withdrawal:

- If a student withdraws from a Regional Program at any time, for any reason, after the designated deadline of **April 24, 2015**, no program costs paid by the school district or student will be reimbursed.
In addition, the student withdrawing may be responsible for reimbursing the school district all costs incurred; based on contracts encouraged by CEANCI and established and enforced by the student's school district.

Behavior:

- Students are responsible for abiding by all Regional Program policies, set forth by the host high schools and Educators of Beauty.

By signature, student and parent/guardian agree to the above Regional Program policies and agree to grant school districts the permission to share student grade and attendance reports with CEANCI.

Student Name (Print) Date

Student Signature Date

Parent or Guardian (Print) Date

Parent or Guardian Signature Date

Stillman Valley High School

425 S. Pine Street • Stillman Valley, IL 61084

Phone (815) 645-2291 • Fax (815) 645-8145

Advance Now Enrollment Contract

Between

Student Name _____

And

Stillman Valley High School / Meridian School District

The purpose of this agreement is to set out the terms and conditions upon which students will be able to enroll in the Advance Now program through CEANCI. By enrolling in one of the Advance Now programs, students are eligible to receive dual (or articulated) credits that will be applied to both their high school and RVC. As a result, students can complete high school with many of the college credits they need to be prepared to work in one of many fields.

Each party does hereby agree to the following:

1. Under this agreement, Stillman Valley High School will make available Advance Now courses to students of the Meridian School District for the 15 - 16 academic year.

The responsibilities of the parties pursuant to this agreement are conditional upon student registration for the course(s) being completed and subject to adequate student enrollment as determined by CEANCI. CEANCI and Meridian School District reserve the right to cancel any class sections.

2. Tuition & Fees

The opportunity for participating in the CEANCI Advance Now program is at no cost to the student or their families. However, if the student and/or their parents or guardians makes the decision to withdraw from the program once they have been accepted to the program tuition will be charged to the student and their family. The student and their parents/guardians will be responsible for reimbursing the cost of the tuition to the Meridian School District. The cost of the program for the 15 - 16 academic year is \$_____.

Signatures:

Student

Date

Parent

Date

Principal

Date



C
A
R
D
I
N
A
L

P
R
I
D
E