

# AROOSTOOK Career Exploration

## Registration Form Academic 2025/2026

**Please print clearly. Complete and submit form by October 31.** There will be three to four sessions offered during the 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. By signing this agreement, the student and parent/guardian acknowledge and allow Northern Light Health to use photos and/or videos of our ACE student events in publications, social media, and video recordings to promote our ACE program.

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 explain why you want to take part in the Aroostook Career Exploration program.

What are you most interested in experiencing or accomplishing as part of this program?

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. I also acknowledge that these events are photographed and recorded by Northern Light Health and may be used in publications, social media, and video recordings by NLH to promote the ACE program.**

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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