

AROOSTOOK Career Exploration

Registration Form 2019-2020

Please print clearly. Complete and submit this form by September 6. The registration cost is \$25, which covers students for all four program sessions the academic year. Students are not obligated to take part in all four. Complete as many as your schedule allows.

Name: _____

Mailing Address: _____

Street/PO Box

City

Zip

Phone: (207) _____ Email: _____

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

School attending: _____

I am being homeschooled.

Gender: Male Female

T-shirt Size: Small Medium Large XL 2XL 3XL
(Adult Sizes)

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?

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

Mail this form and your registration fee (check for \$25 made payable to AR Gould Hospital) to:
ARG Clinical Education Dept. PO Box 151 Presque Isle, ME 04769