



308 Sweden St Suite 1, Caribou ME 04736  
Phone: (207) 493-4270, Fax: 493-4242  
c/o Tracy Corbin, tcorbin@rsu39.org

**Registration Form**  
**Priority Deadline: May 1st**

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender:  M  F  
Please print legibly

Mailing Address: \_\_\_\_\_  
Number and Street or PO Box Town State Zip

Home Phone: \_\_\_\_\_ Parent's E-mail Address: \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_  
*Student email addresses will be used upon admittance to set up individual electronic access to academic records*

**Program you wish to take:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture & Natural Resources | <input type="checkbox"/> Auto Body Repair | <input type="checkbox"/> Automotive Technology    | <input type="checkbox"/> Business & Marketing |
| <input type="checkbox"/> Commercial Driver's License     | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Culinary Arts            | <input type="checkbox"/> Food Services        |
| <input type="checkbox"/> Health and Medical Sciences     | <input type="checkbox"/> Large Equipment  | <input type="checkbox"/> Residential Construction | <input type="checkbox"/> Welding & Metal Fab  |

High School you attend: \_\_\_\_\_ Grade Level for Fall: 10 11 12

Do you have a Driver's License? \*  No  Yes, License # \_\_\_\_\_

*\*A driver's license is **required** for entrance into CDL and Large Equipment. We do **not** need your license number for any other program.*

**Proof of Insurance:** It is the policy of the Caribou Regional Technology Center that every student who participates in a program has some type of medical insurance coverage. **A copy of your insurance card will be required upon entry in the fall.** You do **not** need to submit your insurance with this registration. School insurance is available at a reasonable fee and applications will be available, upon request, at the start of the school year. For more information, please contact the Caribou Tech Center.

**Release of Information:** I authorize my son/daughter's High School to release all requested information to the Caribou Technology Center. I understand that this information will be used in a confidential and professional manner in accordance with the Family Rights and Privacy Act of 1974. Upon acceptance into a Caribou Tech Center program, Caribou Tech Guidance will request Special Education Status and Individual Education Plans/Accommodations, if applicable. Caribou Tech Guidance will also request sending schools to forward student Immunization Records to the RSU #39 Nurse's Office.

Parent/Guardian: \_\_\_\_\_  
Signature Parent Printed Name

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

***The Caribou Technology Center and RSU #39 do not discriminate in the operation of their educational and employment policies and will honor all appropriate laws relative to discrimination.***

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**PLEASE RETURN COMPLETED FORM TO GUIDANCE OFFICE**

School Counselor: \_\_\_\_\_ MEDMS # \_\_\_\_\_  
9-digit state ID#