



# Collier High School

## JET Program

JET (Job Experience Training) Program – ESY (Extended School Year)

160 Conover Road \*\* Wickatunk, NJ 07765 \*\* 732-946-4771 x321

### 2017 APPLICATION (Current Collier Student)

Student Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex M F

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Social Security Number (required in order for student to receive paycheck) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contacts (other than parent)  
\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Sending District Contact (responsible for paying tuition)  
\_\_\_\_\_ Phone \_\_\_\_\_

**Dates: July 5, 2017 – August 15, 2017 (Monday through Friday, 9 a.m. – 2:30 p.m.)**

Students entering 9th grade will be placed in the Transitional Program during JET. All others have the option of taking Personal Financial Math (PFM) or a pre-vocational elective. Please indicate course interest below (give your top three choices):

\_\_\_\_\_ Production Arts \_\_\_\_\_ Vocational Arts \_\_\_\_\_ Digital Music Production \_\_\_\_\_ Ceramics

\_\_\_\_\_ Cosmetology \_\_\_\_\_ Computer Tech \_\_\_\_\_ Personal Financial Math

Please select the student's t-shirt choice:

S M L XL 2XL 3XL

Tuition: Per diem rate as established by DOE (*Tuition and transportation are the responsibility of the district*)

Meals: Provided at no additional cost by USDA (\*\*USDA Form must be submitted, whether or not your family qualifies)

**Application Deadline: March 31, 2017** *Applications submitted after the deadline will be considered on a first come, first serve basis. Space may be limited and some students may be placed on a waiting list. Students will be notified by June 1st of their placement in the JET Program.*

(over)

I give my consent for my child to take part in field trips or excursions under proper JET supervision.  
If you do **not** want your child to take field trips, please contact their Social Worker or the JET office.

I agree to the conditions listed above.

\_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian Signature)

I agree to follow the rules established by the JET Program to provide a safe environment for both students and staff.  
I also agree to work to the best of my ability in the classroom and work environment.

\_\_\_\_\_ Date: \_\_\_\_\_

(JET Program Participant Signature)

***\*\*Please submit this application page along with USDA Form\*\****

***If application is being submitted by district CST or other Case Manager and parent is not available to complete forms,  
please just send application form with IEP***