

## 1. School

School #	School Name <u>FRANKLIN CENTRAL HIGH SCHOOL</u>
Corp #	School Corporation Name <u>FRANKLIN TOWNSHIP COMMUNITY SCHOOL CORP.</u>

## 2. Area CTE District

Member of Area CTE District? <u>  </u> No <u>X</u> Yes	
Area CTE District #	
Area CTE District Name	

3. Anticipated Start Date: JULY 2016

## 4. Course Titles to be added or removed:

Add/ Remove	IDOE Course #	IDOE Course Title (state-approved course titles required)	Indiana College & Career Pathway(s) in which course will be used
<u>ADD</u>	<u>4560</u>	<u>BUSINESS LAW &amp; ETHICS</u>	<u>BUSINESS</u>
<u>ADD</u>	<u>4801</u>	<u>COMPUTER SCIENCE I</u>	<u>"</u>
<u>ADD</u>	<u>4524</u>	<u>INTRODUCTION TO ACCOUNTING</u>	<u>"</u>

## 5. Teacher(s):

Course #	Teacher Last Name	First Name	MI	Teacher License #
<u>4560 + 4524</u>	<u>GEGNER</u>	<u>MICHAEL</u>	<u>P</u>	<u>1320770</u>
<u>4801</u>	<u>JACKSON</u>	<u>SHARON</u>	<u>L</u>	<u>1226000</u>

## 6. The applicant assures:

- The course/program is available to all students of legal age.
- Compliance with all rules, policies and regulations governing Career & Technical Education.
- An advisory board for this program is established and meets at least annually to ensure that :
  - State standards for each course have been reviewed and are in compliance,
  - Resources (including facilities, equipment, software, etc.) are appropriate, and
  - Curriculum and assessment strategies are appropriate.

## 7. Verification of approval to add/remove CTE courses:

- Attach minutes of the school board or Area CTE District governing board/meeting in which the addition/removal of CTE course(s) was approved, or
- Provide the names and signatures of the members of the governing board verifying that that the addition/removal of the CTE courses was approved by the governing board.

## 8. Required signature(s):

By my signature below, I verify that the Governing/Management Board has approved the addition or removal of the CTE courses listed in this document and that the assurances listed above will be met:	
Governing Board Chair Name	
Signature	Date
E-mail	Phone

## 9. Contact information:

Name	Position	
E-mail	Phone	
Mailing address		
City	ST	Zip-Code

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Area CTE District Name	

3. Anticipated Start Date: July 2016

## 4. Course Titles to be added or removed:

Add/ Remove	IDOE Course #	IDOE Course Title (state-approved course titles required)	Indiana College & Career Pathway(s) in which course will be used
<u>ADD</u>	<u>5360</u>	<u>ADVANCED CHILD DEVELOPMENT</u>	<u>FACS</u>

## 5. Teacher(s):

Course #	Teacher Last Name	First Name	MI	Teacher License #
<u>5360</u>	<u>STATZER</u>	<u>ELIZABETH</u>	<u>A</u>	<u>1545535</u>

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Name	Position	
E-mail	Phone	
Mailing address		
City	ST	Zip-Code