



**North Coast Tech Prep
Bridge Course Application
2008**

| | | |
|----------------------|-------------------------------|-----|
| _____ | | |
| Student Last Name | First Name | |
| _____ | | |
| Home Mailing Address | City | Zip |
| _____ | | |
| Home Phone | Social Security Number | |
| _____ | | |
| High School Attended | High School Tech Prep Teacher | |

BRIDGE COURSE YOU WILL ATTEND

Automotive – Seniors

June 16-20 West Campus 9:00am-1:30pm

Pharmacy Tech – Seniors

June 16-20 East Campus 9:00am-3:00pm

CPR/ First Aid – Juniors & Seniors

- June 6 West Campus 8:30am-3:30pm
- June 9 West Campus 8:30am-3:30pm
- June 10 East Campus 8:30am-3:30pm
- June 12 East Campus 8:30am-3:30pm
- June 13 East Campus 8:30am-3:30pm

Visual Communications/Digital Publishing Seniors

June 16-20 West Campus 9:00am-1:00pm

Dental – Seniors

June 17 Metro Campus 8:00am-4:30pm

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I will attend the Bridge Course as indicated above. _____
(Bridge Course Name & Dates of Course)

Student Signature Date

My child will attend the Bridge Course as indicated above.

Parent Signature Date

Completed application should be faxed to (216)987-4985 or mailed to:

North Coast Tech Prep
2900 Community College Ave. MCC-120
Cleveland, OH 44115