## Lake Shore Compact Capstone Check-Out CTE Programs

Checkout will begin on **May 1**<sup>st</sup> with your academic class teachers and other home high school personnel. Your home high school administrator or designee must sign this form and approve your Capstone prior to exiting. Students will not be permitted to attend Capstone without their home high school approval. Final check out with your program instructor will be on **May 1st.** You must attend all of your classes on **May 1st.** 

Student Name: Student Contact Information: Phone:			CTE Program: Email:				
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Cap	stone Location:						
Cap	stone Onsite Coordinator	Contact Name:					
Cap	stone Onsite Coordinator	Phone Number:					
	Subject	Teacher	Passing 4 <sup>TH</sup> 9 Wks.	Passing Year	Books Returned		
	CTE Program						
	English						
	Math						
	Science						
	Social Studies Elective(s)						
	Elective(s)						
Com	h item must be initialed: mitment Form Completed (I	·		MacBook Returned (IT)  Follow up Survey Completed (CTE Staff)			
, , , , , , , , , , , , , , , , , , , ,			rollow up Surv	ey Complete	u (CTE Starr)		
Med	ia Center/Library (overdue n	naterials)					
Clini	c (nurse)						
Grad	uation Participation Form (U	Jnit 12)					
Final	Transcript Request (Guidar	ice)					
Food	Services Fees Paid (MHS)	Cafeteria)					
	completed form must be ap inistrator prior to exiting fo						
School administrator/designee Signature			Yes Approved Not Approved				
CTE Instructor			CTE Administrator				