

MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICE OF POST-SECONDARY CAREER AND TECHNICAL EDUCATION

LOCAL PLACEMENT DATA

Student Name: _____
Last First Middle

Student ID: _____ School Name: _____

Student Address: _____

City State Zip

Telephone No.: _____ - _____ - _____ Program Name: _____

Student Email Address: _____

THE FOLLOWING ITEMS CONCERN PLACEMENT STATUS. PLEASE COMPLETE THE APPROPRIATE AREAS.

1. Student in the military? YES NO Branch of Service _____

2. Continuing education at a post-secondary institution? YES NO

• Name of the post-secondary institution: _____

3. Employed: Yes No

• Please indicate if enrollment was for personal growth ONLY: _____

• Refused employment, (why): _____

4. Employer: _____

Address: _____

City State Zip

Telephone No.: _____ - _____ - _____ Employment Date: _____ / _____ / _____
MM DD YY

Job Title: _____

Duties: _____

5. Related Field: Yes No Non-Related Field: Yes No

THE UNDERSIGNED CERTIFIES THE PLACEMENT INFORMATION STATED IS TRUE AND HAS BEEN VERIFIED.

Print Name: _____ Date: _____ / _____ / _____
MM DD YY

Signature: _____ (Check one) Student School Representative