



COMPLETED BY STUDENT...Please print in blue or black ink

Grade Level Next Year (Check one)
 10th 11th 12th

Name _____ E-mail address _____
LAST FIRST

Address _____ DISTRICT IN WHICH YOU ATTEND SCHOOL
STREET CITY ZIP CODE

Home Phone () _____ Date of Birth _____ Student ID # _____
Month/Day/Year

CAREER PROGRAMS (Please indicate first choice with #1, and second choice #2)

- ___ Automotive Specialization ___ Collision Repair and Automotive Refinishing ___ Health Careers Technologies
___ Banking and Financial Services Pathway ___ Construction Technologies ___ Professional CAD/Manufacturing Technologies
___ Career Based Intervention ___ Cosmetology
___ Career Paths for the Teaching Profession ___ Electronics

SIGNED and COMPLETED BY PARENT OR GUARDIAN... *please check with whom student resides

* _____ Father or Guardian _____ Home Address _____ Home phone/work phone
Last Name First Name

* _____ Mother or Guardian _____ Home Address _____ Home phone/work phone
Last Name Maiden First Name

Signed _____ give my permission for my child to enroll in this program.

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