



## APPLICATION FOR ENROLLMENT

**PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.**

Date _____				
Name				
Last	First	Middle	Maiden	
Present Address				
Number	Street	City	State	Zip
Telephone ( )		Cell Phone ( )		e-mail:
Age	Date of Birth [   -   -   ]			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have access to a car/other mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Career Objective: 1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____ 3 <sup>rd</sup> Choice _____				
Parent/Guardian Name(s)			Parent Cell Phone ( )	
			e-mail:	
Parent/Guardian Address				
Number	Street	City	State	Zip
Indicate the type of business in which you prefer to work: <i>(Example: bank, dental, retail store, legal, manufacturing, Insurance, automotive, medical, etc.)</i>				
First Choice _____		Second Choice _____		
Do you intend to further your formal education after high school?   Technical training <input type="checkbox"/> 2 yr. <input type="checkbox"/> 4yr <input type="checkbox"/> military <input type="checkbox"/> work full-time <input type="checkbox"/>				
Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have any health problems that would interfere with your regular attendance on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain _____				

### Current or Previous Work Experience

*(List most recent position first.)*

Employer	Type of Work	Employment Dates

### Current Class Schedule

	Class	Teacher	Grade Point Avg.
1 <sup>st</sup> Period			
2 <sup>nd</sup> Period			
3 <sup>rd</sup> Period			
4 <sup>th</sup> Period			

**List as references the names of three teachers who can attest to the quality of your work.**

1. \_\_\_\_\_ (Career and Technical Education Teacher if applicable )

