

Select Home School

Student Information

<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Birth Date	Male <input type="radio"/>	Female <input type="radio"/>
<input type="text"/> Home Phone	<input type="text"/> Email Address			
<input type="text"/> Street Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP	

Program Choices

<input type="text"/> First Program Choice	<input type="text"/> Second Program Choice
--	---

Parent/Guardian Information

<input type="text"/> First Name	<input type="text"/> Last Name		
<input type="text"/> Cell Phone	<input type="text"/> Email Address		
<input type="text"/> Street Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP

Counselor Info *To be completed by School Counselor*

The State requires the following information for program funding purposes.

<input type="text"/> Counselor Name	<input type="text"/> Counselor Signature			
<input type="text"/> Student State ID	<input type="text"/> Location	<input type="text"/> Next Graduation Yr.	Returning <input type="radio"/> Yes <input type="radio"/> No	Session <input type="radio"/> AM <input type="radio"/> PM
			Semester <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> NA	

Emergency Info

Local relative/friend who will be responsible for your student should he/she become ill and you cannot be reached.

<input type="text"/> Emergency Contact Name	<input type="text"/> Emergency Contact Phone #	<input type="text"/> Medical Conditions/Allergies
<input type="text"/> Doctor Name	<input type="text"/> Doctor Phone #	