

Home School

Student Information

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

Program Choices

Automotive Technology
 Cosmetology
 Engineering
 Graphics
 Medical Science
 Sports Medicine
 Please circle one

Parent/Guardian Information

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

Counselor Info *To be completed by School Counselor*

The State requires the following information for program funding purposes.

<input type="text"/>	_____		
Counselor Name	Counselor Signature		
<input type="text"/>	<input type="text"/>	Returning <input type="radio"/> Yes <input type="radio"/> No	Session <input type="radio"/> AM <input type="radio"/> PM
Student State ID	Graduation Yr.		

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