

Home School

Student Information

 Last Name First Name Birth Date Male Female
 Home Phone Email Address

 Street Address City State ZIP

Program Choices

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

Parent/Guardian Information

 First Name Last Name

 Cell Phone Email Address

 Street Address City State ZIP

Counselor Info *To be completed by School Counselor*

The State requires the following information for program funding purposes.

 Counselor Name _____ Counselor Signature

 Student State ID Graduation Yr. Returning Yes No Session AM PM

Emergency Info

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

 Emergency Contact Name Emergency Contact Phone #

Doctor Name

Doctor Phone #

Medical Conditions/Allergies