



Valley Academy for Career and Technology Education

Educating today's high school students for tomorrow's careers.

THIS BOX FOR OFFICE USE ONLY

Entry Date: \_\_\_\_\_
Entry Code: \_\_\_\_\_
State ID# \_\_\_\_\_
SM Entry Date \_\_\_\_\_ Initials \_\_\_\_\_

STUDENT APPLICATION FORM FOR CENTRAL CAMPUS PROGRAMS

Select Program for Application:

- Certified Nursing Assistant
Construction
Culinary Art
Fire Fighting
Medical Assistant
Phlebotomy
Teacher Training

PLEASE COMPLETE FULLY AND PRINT ALL REQUESTED INFORMATION

Student Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

Origin/Ethnicity (check one)

- American Indian or Alaska Native
Asian
Black/African American
Caucasian
Hispanic/Latino
Native Hawaiian or Pacific Islander

Physical Address \_\_\_\_\_ (Include City, State, ZIP)

Mailing Address \_\_\_\_\_ (Include City, State, ZIP)

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*\*\*This phone number and email address will be used for emergencies as well as automated notifications\*\*\*

Current High School of Attendance \_\_\_\_\_ SAIS ID: (if known) \_\_\_\_\_

Are you enrolled in online education? \_\_\_ Yes \_\_\_ No (if yes, what program \_\_\_\_\_)

Current Grade in School \_\_\_\_\_ Expected Year of High School Graduation \_\_\_\_\_

EXTRA CURRICULAR INVOLVEMENT

Please list all sports, clubs, and activities (school/community) that you will be involved in next school year.

Fall Semester (August – December)

Spring Semester (January – May)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

## FAMILY INFORMATION

Student lives with: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Is either parent/guardian currently employed with Yavapai College? \_\_\_ Yes \_\_\_ No

### EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## STUDENT EMERGENCY INFORMATION

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Please check if student has any of the follow health conditions, and include medication(s) taken.

\_\_\_\_ ADD/ADHD \_\_\_\_\_  
\_\_\_\_ Allergies (specify) \_\_\_\_\_  
\_\_\_\_ Asthma \_\_\_\_\_  
\_\_\_\_ Diabetes \_\_\_\_\_  
\_\_\_\_ Endocrine Disorder \_\_\_\_\_  
\_\_\_\_ Gastrointestinal \_\_\_\_\_  
\_\_\_\_ Hearing/Ear Disorder \_\_\_\_\_  
\_\_\_\_ Heart Condition \_\_\_\_\_  
\_\_\_\_ Migraines \_\_\_\_\_  
\_\_\_\_ Vision (glasses/contacts) \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Medication currently being taken \_\_\_\_\_

### SPECIAL ACCOMODATIONS

Has student ever been evaluated to determine if he/she is eligible for special education and related services? \_\_\_ Yes \_\_\_ No

If yes, did the student qualify for services? \_\_\_ Yes \_\_\_ No

My family qualifies for Free and Reduced Lunch: \_\_\_ Yes \_\_\_ No

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_