Valley Academy for Career and Technology Education

SKILLS FOR TODAY, CAREERS FOR A LIFETIME

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/Phlebotomy (full year)
_____ Certified Nursing Assistant (one semester)
_____ Phlebotomy (one semester)
_____ Fire Fighting (full year)
_____ Construction (full year)
_____ Advanced Manufacturing (full year)
_____ Pre-Engineering (full year)
_____ Culinary (full year)
_____ Law and Public Safety (full year)
_____ Teacher Training (full year)

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)

Student Cell Phone: _____ Email Address: _____

*****This phone number and email address will be used to contact student 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: _____
Mother's Mailing Address _____

Father/Guardian Name: _____ Home Phone: _____
E-mail Address _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
Father's 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: _____