



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:	
<input type="checkbox"/> Certified Nursing Assistant/Phlebotomy (full year)	<input type="checkbox"/> Fire Service
<input type="checkbox"/> Certified Nursing Assistant (one semester)	<input type="checkbox"/> Heating/Ventilation/Air Conditioning (HVAC)
<input type="checkbox"/> Phlebotomy (one semester)	<input type="checkbox"/> Law Enforcement/Dispatch - 1 or 2
<input type="checkbox"/> Construction - 1 or 2	<input type="checkbox"/> Manufacturing/CNC Operator - 1 or 2
<input type="checkbox"/> Culinary - 1 or 2	<input type="checkbox"/> Pre-Engineering - 1 or 2
<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> Plant/Horticulture
	<input type="checkbox"/> Teacher Training - 1 or 2

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 _____

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: _____

Mother's Mailing Address _____

E-mail Address _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father/Guardian Name: _____ Home Phone: _____

Father's Mailing Address _____

E-mail Address _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

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 ___

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

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____