



THIS BOX FOR OFFICE USE ONLY
Entry Date:
Entry Code:
State ID#
SM Entry Date Initials

STUDENT APPLICATION FORM FOR CENTRAL CAMPUS PROGRAMS

Program Selection: (Place an X for the program choice & Circle your preference for time and level)

- Certified Nursing Assistant/Phlebotomy (full year) (AM or PM)
Culinary - 1 (AM or PM)
Certified Nursing Assistant (one semester) (AM or PM)
Fire Science 1 (AM)
Phlebotomy (one semester) (AM or PM)
Law Enforcement - 1 OR 2 (AM or PM)
Construction - 1 OR 2 (AM or PM)
Teacher Training - 1 (AM) OR 2 (PM)
Cosmetology (Hairstyling) 1 (AM) OR 2 (PM)
CNA Year 2 or EMT for FS & CNA Year 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: Student 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)

Blank lines for Fall Semester activities

Blank lines for Spring Semester activities

The Valley Academy for Career and Technology Education seeks to have a diverse student body. The school does not discriminate in admissions, employment, or in any of its educational programs or activities on the basis of race, color, national or ethnic origin, ancestry, religion or religious creed, disability or handicap, gender, gender identity and/or expression, or sexual orientation.

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: _____