

Pike County Career Technology Center

_____ Last Name	_____ First Name	_____ Middle Name	_____ Sex	_____ Date of Birth (MO/Day/YR)
_____ Address			_____ Social Security Number	_____ Birth City
_____ City	_____ State	_____ Zip Code	_____ Current Grade	_____ Home School
_____ (Area Code) Telephone Number		_____ Alternate/Cell Number		
_____ Parent/Guardian Name		_____ Relationship	_____ Parent/Guardian Address	

RACE/ETHNICITY DATA

Is student Hispanic/Latino? Yes No

What is the student's race? (You must choose at least one of the options below.)

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

I would like to enroll in the _____ program. (Please select a 2nd or 3rd choice, indicate this by numbering the programs below.)

- | | |
|--|--|
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Heating & Air Conditioning |
| <input type="checkbox"/> Basic Food Service | <input type="checkbox"/> Hospitality & Facility Care |
| <input type="checkbox"/> Building and Property Maintenance | <input type="checkbox"/> Medical Tech (Phlebotomy & Terminology) |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Interactive Media/Information Tech |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Patient Care Technology/Pre-Nursing |
| <input type="checkbox"/> Culinary Arts/Restaurant Management | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Engineering Technology | |

This signature indicates that you have discussed the program with your child and that they must stay in a program at the Career Technology Center for two full weeks with an opportunity to transfer back to their home school during the third week. In addition, this will permit the release of all test results and transcript information to the vocational school.

STUDENT'S SIGNATURE _____ DATE _____
PARENT'S SIGNATURE _____ DATE _____
COUNSELOR'S SIGNATURE _____ DATE _____

The Pike County Career Technology Center does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.

PLEASE RETURN THIS FORM TO YOUR HOME SCHOOL COUNSELOR