

**R. G. DRAGE CAREER TECHNICAL CENTER
STUDENT APPLICATION FOR ENROLLMENT**

PLEASE PRINT HOME SCHOOL _____ DATE _____

Name: _____ Gender: ___ Male ___ Female
LEGAL First LEGAL Middle LEGAL Last

Address: _____ County: _____ Grade _____
House # Street Apt/Lot# P.O. Box # City Zip

Home Phone: _____ Parent's Cell _____ Social Security # _____ - _____ - _____ Date of Birth _____ - _____ - _____

Birthplace City: _____ Student's Native Language: ___ English ___ Spanish _____ List other _____

Ethnicity: ___ (W) White, Non- Hispanic ___ (B) Black or African American (Non-Hispanic) ___ (H) Hispanic/Latino ___ (A) Asian
___ (I) American Indian or Alaskan Native ___ (P) Native Hawaiian or Other Pacific Islander ___ (M) Multiracial

CHOICE OF PROGRAMS:

1st choice _____ 2ND choice _____ 3RD choice _____

PARENT(S)/GUARDIAN(S) WITH WHOM STUDENT LIVES:

Full Name & relationship: _____

Full Name & relationship: _____

Place of Employment: _____

Place of Employment: _____

Employment Telephone: _____

Employment Telephone: _____

EMAIL ADD: _____

EMAIL ADD: _____

PARENT OR GUARDIAN APPROVAL:

We have talked with our son/daughter about the career technical programs and approve his/her application for enrollment. We recognize the importance of daily attendance and will encourage our son/daughter to be present every day.

We, the undersigned, have read and are in agreement with all the above information and requirements.

Signature of Parent/Guardian Date

Signature of Student Date

FOR HOME DISTRICT USE ONLY

Student's: REG. ID# _____ and SSID# _____ If Open Enrolled-District of Residence _____

X SIGNATURES ALSO REQUIRED ON BACK