Out of District CTPD Application
Student Enrollment Form

HOME SCHOOL _____

PLEASE PRINT HOME SCHOOL COUNSELOR _____ DATE_____

Name _____ Gender _____Female _____ Male
Legal First Name Legal Middle Name Legal Last Name

Address _____ County _____
House Number Street Apt/Lot # City Zip

Home Phone _____ Date of Birth _____ Grade _____

Birthplace City _____ Student's Native Language _____

Ethnicity _____ Caucasian (white) _____African American _____ Asian _____Native Hawaiian/Other Pacific Islander

_____Multi-Racial _____ Hispanic _____American Indian _____ Other

CHOICE OF PROGRAM _____ PROGRAM LOCATION _____

PARENT(S) GUARDIAN(S) With WHOM STUDENT LIVES

Full Name and relationship _____ Full Name and relationship _____

Place of Employment _____ Place of Employment _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Email Address _____ Email Address _____

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 of the program. We are aware that transportation may not be available to the district housing this program.

_____ _____

Signature of Parent/Guardian Date Signature of Student Date

_____

Signature of CTPD Leader Date