Northwest Education Services

Student Enrollment Application

1st Program Choice: (Select One) Select One

2nd Program Choice: (Select One

Grade you will be in the Fall? _____

(Name as it appears on birth certificate)

Legal Last Name: _____ **Legal First Name:** _____ **Middle Initial:** _____

Mailing Address: _____**Apt #** _____ **PO Box** _____ **Zip Code:** _____

City :_____ **Student Cell Phone:** _____

Birth Date: _____/_____/_____ **Gender : Male** ☐ **Female** ☐ **Home High School:** SELECT ONE Select One

Homeschooled students please provide copies of birth certificate and immunization records to Student Services.

Does your student have an IEP with their home high school? Yes ☐ **No** ☐ **Case Manager:** _____

Primary language spoken at home: English ☐ **Spanish** ☐ **Other:** _____

Ethnic Group: ☐ **Asian American** ☐ **Black/African American** ☐ **Hispanic or Latino** ☐ **Middle Eastern**

☐ **Native American** ☐ **Pacific Islander** ☐ **Ukrainian** ☐ **White/Caucasian**

Parent/Guardian/Emergency Contact Information

Contact #1 Parent or Guardian

Specify (mom/dad/grandparent/step-parent etc.):

_____

Name: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Employer: _____

Email: _____

Address if different than above:

_____

☐ I DO live with this person.

☐ I DO NOT live with this person

Contact #2 Parent or Guardian

Specify (mom/dad/grandparent/step-parent etc.):

_____

Name: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Employer: _____

Email: _____

Address if different than above:

_____

☐ I DO live with this person.

☐ I DO NOT live with this person

Contact #3 when Contacts 1 and 2 CANNOT be reached in an emergency:

Name: _____ **Phone Numbers:** _____

Relationship to student: _____

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Emergency Medical & Parent Permissions

Health Factors

Does your student have a 504/Health Care Plan with their home high school? Yes No

Case Manager: _____

Allergic to: _____

Check all that apply:

☐ Nothing Known ☐ Asthma ☐ Other: _____

☐ Epilepsy ☐ Diabetes

Any other academic or health concerns? Please list: _____

Field Trip Permission

I hereby approve of my son/daughter going on sanctioned Career Tech local area field trips. In case of an emergency, or where there is need of medical attention, I hereby grant permission for the Career Tech or its representative, to authorize such treatment as needed by a qualified nurse, physician or hospital for my son/daughter. I will be responsible for all medical expenses incurred.

☐ YES I approve ☐ NO I do not approve

Photographic Release

I hereby grant permission to Career Tech to publish or authorize publication of, in any form, photographs in which my son/daughter appears for educational, editorial, illustrative, or promotional purposes.

☐ YES I approve ☐ No I do not approve

Library Usage

While most of the books in the CT library are young adult fiction, we do not necessarily know or remember every detail of every book. Young adult fiction is written specifically for teenagers, but may occasionally contain controversial content. Therefore, please openly communicate with your son or daughter and be sure the books that he or she chooses match your family's values.

☐ YES I approve ☐ No I do not approve

Handbook Review

The CT Handbook can be located online at https://www.northwested.org/career-tech-center/ located under the yellow PARENT & STUDENT RESOURCES tab. If you would like a hard copy, please contact Student Services at 231-922-6547.

Agreement for Student Technology Resources

The student Agreement for Acceptable Use of Technology Resources form can be located online at https://www.northwested.org/career-tech-center/ located under the yellow PARENT & STUDENT RESOURCES tab. If you would like a hard copy, please contact Student Services at 231-922-6547.

Parent Signature Requested

Parent/Legal Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

To submit this form: 1) print the document and submit to your high school counselor or 2) save this completed form as a PDF and email it to your high school counselor.

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