

Give to your HS Counselor!



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Chickasha Campus 405.224.7220

1401 Michigan Avenue Chickasha, Oklahoma 73018

# Date \_\_\_\_\_ High School Student Application for Admission

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Current Grade Classification \_\_\_\_\_ High School Attending \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male  Female  Prefer not to Answer   
T-shirt size \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Student E-mail \_\_\_\_\_ Parent E-mail \_\_\_\_\_

- \_\_\_\_\_Automotive Collision Technology
- \_\_\_\_\_Automotive Service Technology
- \_\_\_\_\_Business & Medical Administration
- \_\_\_\_\_Computer Aided Drafting and Design
- \_\_\_\_\_Computer Information Systems
- \_\_\_\_\_Digital Media Technology
- \_\_\_\_\_Early Care and Education
- \_\_\_\_\_Graphic Design

- \_\_\_\_\_Health Careers (HC)
- \_\_\_\_\_Heating, Ventilation, Air-Conditioning, and Refrigeration (HVAC)
- \_\_\_\_\_Precision Machining Technology
- \_\_\_\_\_ \*Pre-Engineering (PE)
- \_\_\_\_\_Service Careers (SC)
- \_\_\_\_\_Welding (WLD)

\*Admittance to Pre-Engineering (PLTW) Program is by sending school and CV Tech counselor approval.

## Time Preference

\_\_\_\_\_AM: 8:00-11:00          \_\_\_\_\_PM: 12:10-3:00          \_\_\_\_\_No Preference

**Please complete the Parent/Guardian Section on the other side.**

### Technology Center Use Only (to be completed after enrollment)

Program Area Assigned \_\_\_\_\_

Classification 9 10 11 12

Refer for Testing Yes No

AM  PM

CV Tech Math

Algebra II          CORE

## Parent/Guardian Section

I understand the education plan of Canadian Valley Technology Center, and I give my consent and approval for my son/daughter to be assigned to a program area as selected. This is also my authorization for partner high school counselors and CVTECH counselors to utilize information from the applicant's school records for class scheduling and employment purposes.

I also give permission to Canadian Valley Technology Center to contact my child or myself via text messages.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

### Partner School Counselor Use Only

Copies of the applicant's transcript, test scores, attendance records, special program information and any other pertinent information must be attached to this application. If certain information is not available, please indicate in the space below.

#### Checklist

- \_\_\_\_\_ Transcript
- \_\_\_\_\_ Attendance Record
- \_\_\_\_\_ PreACT/PreSAT Test Record (front and back)
- \_\_\_\_\_ Other
- \_\_\_\_\_ Ten-Digit State ID #: (WAVE)

Is the student recommended for enrollment?  YES  NO

Accommodations/modifications needed?  YES  NO

Counselor \_\_\_\_\_

### Request for Academic Credit Course

Algebra II

Counselor \_\_\_\_\_

*Canadian Valley Technology Center reserves the right to add or cancel courses as deemed necessary.*