

Dr. Earl Cowan Campus, 405.345.3333 El Reno Campus, 405.262.2629 Please return to your high school counselor

## **Current Juniors: Application for Admission to Underground Utility**

| 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 T-shirt size   |  |  |  |
| Parent/Guardian Name   | Da                                 | ytime Phone           |  |  |  |
| Student's Cell Phone   | Parent's Cell Pho                  | Parent's Cell Phone   |  |  |  |
| Student E-mail   | Parent E-mail _                    | Parent E-mail         |  |  |  |
| Current Juniors Only You are applying for the 1-year Underground Utility Program for 2024-2025 |                                    |                       |  |  |  |
| Time Preference  | AM: 8:25-11:15 PM: 12:2            | 25-3:15 No Preference |  |  |  |
|  |                                    |                       |  |  |  |
|  |                                    |                       |  |  |  |
|  |                                    |                       |  |  |  |
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|  |                                    |                       |  |  |  |
|  |                                    |                       |  |  |  |
| Technology Center Use Only   |                                    |                       |  |  |  |
| rogram Area Assigned   | (to be completed after enrollment) | I PM                  |  |  |  |
|  |                                    |                       |  |  |  |
| lassification  | □11 □12 Math □ Alg                 | gebra II              |  |  |  |
|  |                                    |                       |  |  |  |

| Copies of the applicant's transc  | cript, test scores, attend  | ance records, special program info plication. If certain information is no |      |  |
|---|---|--|------|--|
|   | Accommodations?   |  |      |  |
| ChecklistTranscript   | □Yes  | No   |      |  |
| Attendance Record   | Academically appropriate?  *Meets program minimum for math and reading recommendations (see our course syllabus)? If needed, see special education teacher, 504, or English Language teacher. |  |      |  |
| Current class schedule with grades  |   |  |      |  |
| PreACT/PreSAT Test Record (front and back)  | □Yes  | No   |      |  |
| Other   | Counselor Recommendation?   |  |      |  |
| Discipline  | ☐ Highly Recommend  |  |      |  |
| Ten-Digit State ID #:<br>(WAVE)   | with reservation  |  |      |  |
|   | ☐ Do NOT recommend  |  |      |  |
|   | Please contact me (phone #email)  |  |      |  |
|   | Comments:   |  |      |  |
|   |   |  |      |  |
|   | Counselor   |  |      |  |
| Request for Academic Credit Course  (Cosmetology students are not allowed to be pulled out for Math because of State Board class seat hours requirements) |   |  |      |  |
| Algebra 2.  | Semester 1  | Semester 2   | Year |  |

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

Counselor