

USE THIS FORM FOR:
CBI (PHS)
COSMETOLOGY (PHS)

DHO (MEDICAL SCIENCES) (PHS)
TEACHER ACADEMY (PHS)

CULINARY ARTS (CANTON SOUTH)
GRAPHIC & VISUAL DESIGN (CANTON SOUTH)

METAL FAB (CANTON SOUTH)
SPORTS MEDICINE (CANTON SOUTH)

THIS FORM IS DUE TO THE GUIDANCE OFFICE

HOME SCHOOL: _____

DATE RECEIVED: _____

**SOUTH STARK CAREER ACADEMY
STUDENT APPLICATION FOR ENROLLMENT**

PLEASE PRINT

DATE: _____

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS (INCLUDE CITY & ZIP) _____ PHONE: _____ COUNTY _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ SEX: MALE _____ FEMALE _____ DATE OF BIRTH _____ GRADE _____

CITY IN WHICH YOU WERE BORN: _____ MOTHER'S MAIDEN NAME: _____

ETHNICITY: (PLEASE CIRCLE ONE) CAUCASIAN (WHITE) AFRICAN AMERICAN ASIAN/PACIFIC ISLANDER MULTI-RACIAL
HISPANIC AMERICAN INDIAN/ALASKA NATIVE OTHER _____

CHOICE OF PROGRAMS: _____
1ST CHOICE 2ND CHOICE

ARE YOU ON AN IEP? _____ YES _____ NO

WHY DO YOU WANT TO BE IN THIS PROGRAM? _____

PARENT(S) / GUARDIAN(S) (WITH WHOM YOU LIVE)

FATHER (OR GUARDIAN) NAME: _____ MOTHER (OR GUARDIAN) NAME: _____

PLACE OF EMPLOYMENT: _____ PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____ EMPLOYMENT ADDRESS: _____

EMPLOYMENT TELEPHONE: _____ EMPLOYMENT TELEPHONE: _____

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.

Signature of Parent/Guardian

Date

Signature of Student

Date