

Applicant Information (please print clearly)

PA Secure ID Number _____

_____ sending school district

_____ present grade _____ homeroom

_____ last _____ first _____ middle

_____ date of birth _____ female male

_____ address _____ PO box

_____ student email

_____ city _____ state _____ zip

_____ home phone (include area code)

Parent/Guardian 1 _____ relationship to student _____ phone # _____ email _____

Parent/Guardian 2 _____ relationship to student _____ phone # _____ email _____

Program Choice

Please number in order of preference from (1) to (3) programs that you would like to attend.

Construction Academy

- ___ Building Construction Trades
- ___ Carpentry
- ___ Electrical Occupations
- ___ Heating, Ventilation & AC

Sales and Service Academy

- ___ Cosmetology
- ___ Culinary Arts
- ___ Graphic Communications
- ___ Landscaping & Horticulture
- ___ Marketing/Web Design

Transportation Academy

- ___ Agricultural Mechanics
- ___ Automotive Collision & Repair
- ___ Automotive Technology
- ___ Diesel Mechanics

Health Services Academy

- ___ Allied Health
- ___ Medical Assisting
- ___ Veterinary Assisting
- ___ Dental Assisting

STEM/Manufacturing Academy

- ___ Mechatronics
- ___ Electronics
- ___ Engineering Technology
- ___ Information Systems Technology
- ___ Computer Integrated Manufacturing
- ___ Welding

_____ Student Signature

_____ Date

_____ Parent/Guardian Signature

_____ Date