

1. **Social Security Number** (for Student I.D.): _____ / _____ / _____ **2017-2018
Grade Level:** _____

2. **Last Name:** _____ **First Name:** _____ **Middle:** _____

3. **Date of Birth:** _____ 4. **Gender:** Male Female 5. **IEP/504:** Yes No

6. **Course/Program:** (Choose two programs; mark your first choice with a #1 and second choice with a #2. Every effort will be made to honor your first choice. Again, each student must choose **two** programs.)

- | | |
|-------------------------------------|---------------------------------|
| ___ Agriculture Education (pm only) | ___ Culinary Arts |
| ___ Auto Mechanics | ___ Early Childhood Education * |
| ___ Computer Aided Design (pm only) | ___ Electronics (pm only) |
| ___ Computer Networking (pm only) | ___ Graphic Design |
| ___ Computer Programming | ___ Health Occupations * |
| ___ Construction (pm only) | ___ Horticulture |
| ___ Criminal Justice * | ___ Welding |

- ___ Industrial Technology (Jrs and Srs, but only Srs qualify for internship)
 ___ ThyssenKrupp Advanced Manufacturing Youth Apprenticeship Program (NIMS) (Jrs and 2nd Yr only)**
 ___ Project Lead the Way (12:30-2:00pm)**

*These programs require students to meet testing criteria (see explanation box below).
 **Additional application required. See guidance counselor for details.

7. **If Criminal Justice, Early Childhood Education, or Health Occupations is chosen as a first or second choice, the following must be completed by the local guidance counselor:**

Reading Score: _____ Test: _____ Test Date: _____
 (grade equivalent)

Writing/English Score: _____ Test: _____ Test Date: _____
 (grade equivalent)

Math Score: _____ Test: _____ Test Date: _____
 (grade equivalent – For Health Occupations Students Only)

Test	Criminal Justice/Early Childhood Minimum Scores		**Health Occupations** Minimum Scores	
	Reading	Writing/English	Reading	Math
ACT	14	13	14	13
PLAN	14	14	14	13
ASSET	36	37	36	EA-33, NS-40, IA 30
COMPASS	65	32	65	NS - 40, ALG-23
ACCUPLACER	68	3	68	ARTI-65, EALG-45
SAT	21	20	21	21

Office Use Only: Student Name:

SID: / /

Course:

8. Will the 2017-2018 school year be your first or second year in the same COLLEGE EXPRESS program? First Year Second Year

9. Student Street Address: _____

City: _____ State: _____ Zip Code: _____

10. Phone Number (with Area Code) or Message Number: _____

11. Email Address: _____ 12. Is English Your Native Language? Yes No

13. Citizenship or Visa: U.S. Citizen or
 In U.S. on a Visa, Visa Type: _____, Country of Citizenship: _____

14. Racial Ethnic Group:

- | | |
|--|--|
| <input type="checkbox"/> W White (Non-Hispanic) | <input type="checkbox"/> B African American (Non-Hispanic) |
| <input type="checkbox"/> I American Indian or Alaskan Native | <input type="checkbox"/> H Hispanic |
| <input type="checkbox"/> A Asian or Pacific Islander | <input type="checkbox"/> N Non-Resident of United States/
International Student |
| <input type="checkbox"/> O Other | |

15. Have either of your parents/guardians completed a Bachelor's (4-year) Degree? Yes No

16. Parent/Guardian: _____ Relationship to Student: _____
Day/Work Phone Number: _____ Night Phone Number: _____

17. Student Lives With: _____ Relationship to Student: _____
Day/Work Phone Number: _____ Night Phone Number: _____

18. Emergency Contact Person (Other than Parent or Guardian): _____
Day/Work Phone Number: _____ Night Phone Number: _____

19. High School You Are Attending: _____
Expected Graduation Date: Month: _____ Year: _____

20. What career do you plan on pursuing after high school? _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____