

1. **Social Security Number** (for Student I.D.): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **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.)

- |  |  |
|--|--|
| <input type="checkbox"/> Agriculture Education (pm only) | <input type="checkbox"/> Culinary Arts               |
| <input type="checkbox"/> Auto Mechanics                  | <input type="checkbox"/> Early Childhood Education * |
| <input type="checkbox"/> Computer Networking (pm only)   | <input type="checkbox"/> Electronics (pm only)       |
| <input type="checkbox"/> Computer Programming (pm only)  | <input type="checkbox"/> Graphic Design              |
| <input type="checkbox"/> Construction (pm only)          | <input type="checkbox"/> Health Occupations *        |
| <input type="checkbox"/> Criminal Justice *              | <input type="checkbox"/> Horticulture                |
|  | <input type="checkbox"/> Welding (pm only)           |

- Industrial Technology (Jrs and Srs, but only Srs qualify for internship)
- ThyssenKrupp Advanced Manufacturing Youth Apprenticeship Program (NIMS) (Jrs and 2<sup>nd</sup> 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	55	3	55	ARIT-65, EALG-45
SAT SUBSCORE	21	20	21	21
GPA	2.5 OR ABOVE	X	2.5 OR ABOVE	1 YR HS ALG B AVG

Office Use Only: Student Name:

SID: / /

Course:

8. Will the 2018-2019 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/<br>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: \_\_\_\_\_