

1. **Social Security Number** (for Student I.D.): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **2020-2021  
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"/> Early Childhood Education *                      |
| <input type="checkbox"/> Auto Mechanics                               | <input type="checkbox"/> Graphic Design                                   |
| <input type="checkbox"/> Business Administrative Technology (pm only) |   |
| <input type="checkbox"/> Computer Networking (pm only)                | <input type="checkbox"/> Health Occupations *                             |
| <input type="checkbox"/> Computer Programming (pm only)               | <input type="checkbox"/> Horticulture                                     |
| <input type="checkbox"/> Construction (pm only)                       | <input type="checkbox"/> Industrial Technology (PM Only)                  |
| <input type="checkbox"/> Criminal Justice *                           | <input type="checkbox"/> Sustainability & Environmental Studies (am only) |
| <input type="checkbox"/> Culinary Arts                                | <input type="checkbox"/> Welding (pm only)                                |

ThyssenKrupp Advanced Manufacturing Youth Apprenticeship Program (NIMS) (Jrs and 2<sup>nd</sup> Yr only)\*\*  
 Project Lead the Way (7:30-9:00 am)\*\*

*\*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
ALEKS	X	X	X	14-29
ACCUPLACER	236	3	236	ART-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 2020-2021 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:  
 W White (Non-Hispanic)       B African American (Non-Hispanic)  
 I American Indian or Alaskan Native       H Hispanic  
 A Asian or Pacific Islander       N Non-Resident of United States/  
 O Other      International Student

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? \_\_\_\_\_

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21. Number of days absent (excused or unexcused) to this point in the 2019-2020 school year? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_