

EAST PROVIDENCE AREA CAREER AND TECHNICAL SCHOOLS APPLICATION STUDENT DATA REQUEST FORM

(Please print using ink or type.)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

PRESENT SCHOOL: _____

COUNSELOR'S NAME: _____

IF NOT IN SCHOOL, LAST SCHOOL ATTENDED: _____

CITY/TOWN: _____ DATE LEFT: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____ PHONE: _____

ENTERING GRADE: _____

CAREER & TECH. PROGRAM CHOICE: #1 _____

#2 _____

#3 _____

The nine Rhode Island Area Career and Technical Schools encourage all students to make their selections of career and technical programs based on what they think their interests and abilities are.

SIGNATURE OF STUDENT : _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CELL PHONE: _____ BUSINESS PHONE: _____

STUDENT EMAIL: _____ PARENT EMAIL: _____

(Acknowledgement of Participating School Officials)

COUNSELOR'S SIGNATURE: _____ PHONE: _____ DATE: _____

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

The network of the nine (9) Rhode Island Career and Technical Centers does not discriminate on the basis of age, sex, sexual orientation, race, religion, national origin, color or disability in accordance with applicable laws and regulations. Rhode Island regulations governing the operation of the career and technical centers ensures that every student has the right to apply, to be considered for admission and placement, and that the sending community is required to pay the tuition and transportation of all students who are enrolled in the career and technical schools.

NOTE: This form must be received at the area career and technical school by **March 15th** in order for the applicants to be guaranteed consideration for placement.

1. Student Copy 2. Career & Technical Center 3. Guidance Office 4. Superintendent's Office