

Technology Center Use Only
(to be completed after enrollment)

Program Area Assigned _____

AM PM

Classification 9 10 11 12

CW/TECH

Chickasha Campus
405-224-7220

Dr. Earl Cowan Campus
405-345-3333

Holt/EI Reno Campus
405-262-2629

High School Student Application for Admission

PLEASE PRINT

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____ Home Phone _____

Current Grade Classification _____ High School Attending _____

Parent/Guardian Name _____ Daytime Phone _____

Student's Cell Phone _____ Parent's Cell Phone _____

Mark your 1st and 2nd choices of the program areas listed below:

_____ Automotive Collision Technology

_____ Precision Machining Technology

_____ Automotive Service Technology

_____ Service Careers

_____ Computer Information Systems

_____ Welding

_____ Construction Trades

_____ Cosmetology

***Offered at the Dr. Earl Cowan Campus, Yukon:**

_____ Diesel Technology

* _____ Biomedical Sciences

_____ Digital Media Technology

* _____ Business Office Technology

_____ Early Care and Education

* _____ Computer Aided Drafting and Design

_____ Electrical Trades

* _____ Computer Programming

_____ Graphic Design

* _____ Pre-Engineering

_____ Health Careers

_____ Heating, Ventilation, Air Conditioning and Refrigeration

Time Preference

_____ AM: 8:25-11:15 (EI Reno) _____ PM: 12:30-3:15 (EI Reno) _____ No Preference
8:20-11:20 (Cowan) 12:20-3:20 (Cowan)

If my first program choice or time frame is not available, I would prefer to attend:

_____ My **first program** choice in the **other time frame**

_____ My **second program** choice in the **time frame checked**

Please complete the Parent/Guardian Section on the other side.

Parent/Guardian Section

I understand the education plan of Canadian Valley Technology Center, and I give my consent and approval for my son/daughter to be assigned to a program area as selected. This is also my authorization for partner high school counselors and CVTECH counselors to utilize information from the applicant's school records for class scheduling and employment purposes.

Parent/Guardian Signature _____

Student Signature _____

Partner School Counselor Use Only

Copies of the applicant's transcript, test scores, attendance records, special program information and any other pertinent information must be attached to this application. If certain information is not available, please indicate in the space below.

Checklist

- _____ Transcript
- _____ Attendance Record
- _____ PLAN Test Record (front and back)
- _____ Plan of Study
- _____ Other
- _____ Ten-Digit State ID #:

Is the student recommended for enrollment?

YES NO

Accommodations/modifications needed?

YES NO

Counselor _____

Request for Academic Credit Course

MUST BE MADE BEFORE JUNE 1ST

Geometry

Semester 1

Semester 2

Year

Algebra 2

Semester 1

Semester 2

Year

Counselor _____

Canadian Valley Technology Center reserves the right to add or cancel courses as deemed necessary.