

| Student Name:     |                |
|-------------------|----------------|
| Campus Name:      | Email Address: |
| Local Student ID: | Date of Birth: |
| Current Grade:    | Phone Number:  |
| Address:          |                |
| Parent's Name:    | Signature      |



| me: | Signature |  |
|-----|-----------|--|
| e:  | Signature |  |
|     |           |  |

\*No late applications will be accepted after the deadline\*

\*\*CASH ONLY DEPOSITS\*\*

deposits can be given to your home campus or mailed to:

ation below is for Counselor to complete and send to the Assessment office:

| I | 504 | Migrant | LEP | BIL | SpEd | G/T | At-<br>Risk | CTE |
|---|-----|---------|-----|-----|------|-----|-------------|-----|
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