



**Taft High School P-TECH Academy  
Enrollment Application 2023-2024**

Student Name \_\_\_\_\_  
*Last First Middle Student ID #*

Address \_\_\_\_\_  
*Street Number and Name City State Zip Code*

Student Cell Phone/Other: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**Please rank the following programs of study in the order of your interest (1 being most interested)**

\_\_\_\_\_ Electrocardiogram (EKG) Technician \_\_\_\_\_ Patient Care Technician (PCT)  
\_\_\_\_\_ Phlebotomy Technician \_\_\_\_\_ Medical Assistant (MA)  
\_\_\_\_\_ Architecture & Construction

**By enrolling into the P-TECH Health Science Academy, I understand that P-TECH classes include:**

- a rigorous health science classroom environment to prepare students for entrance into their desired program of study and future career goals. Therefore, I will give 100% to my academic coursework.
- the requirement of at least **4 dual credit class** by the end of my junior (11<sup>th</sup> grade) year
- student support services as needed for academic coursework
- work-based learning experience in each grade level

\_\_\_\_\_  
**Student Signature** **Date**

**As a parent, I understand that I serve as a partner in helping my student succeed in their P-TECH classes.  
Therefore, as a parent, I agree:**

- to encourage and support my student to complete all coursework in a timely manner
- that attendance is extremely important and necessary for success in academic classes
- to be present for any and all student/parent meetings, to include parent/teacher conferences, if needed.

\_\_\_\_\_  
**Parent Signature** **Date**