



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

<b>Student Name</b> _____			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Student ID #</i>
<b>Address</b> _____			
<i>Street Number and Name</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Student Cell Phone/Other:</b> _____		<b>Student Email Address:</b> _____	
<b>Parent Name(s):</b> _____		<b>Parent Cell Phone:</b> _____	
<b>Parent Email Address:</b> _____			

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

<input type="checkbox"/> Electrocardiogram (EKG) Technician	<input type="checkbox"/> Patient Care Technician (PCT)
<input type="checkbox"/> Phlebotomy Technician	<input type="checkbox"/> Medical Assistant (MA)
<input type="checkbox"/> 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

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***Student Signature***

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***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.

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***Parent Signature***

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***Date***