

## APPLICATION FOR ADMISSION

**I ATTEND (check one):**

- A.I. Prince Tech HS
- Bloomfield HS
- Bulkeley High School
- Culinary Arts Academy

- East Hartford HS
- Engineering/Green Tech Academy
- Law & Government Academy
- Manchester High School

- Nursing Academy
- Journalism & Media Academy
- High School, Inc.

**Student Information (please type or print)**

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Student cell phone number \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

Email address \_\_\_\_\_ Your Grade \_\_\_\_\_ Year you expect to graduate \_\_\_\_\_

Sex (Optional) \_\_\_\_\_ Age (Optional) \_\_\_\_\_ Race/Ethnic/Cultural Origin (Optional) \_\_\_\_\_

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

Mother's/Guardian's name \_\_\_\_\_ Father's/Guardian's name \_\_\_\_\_

Mother's/Guardian's address \_\_\_\_\_ Father's/Guardian's address \_\_\_\_\_

Mother's/Guardian's **phone number** and **e-mail** \_\_\_\_\_ Father's/Guardian's **phone number** and **e-mail** \_\_\_\_\_

- Do you have any medical condition(s) the program should be aware of? Yes  No  If yes, explain \_\_\_\_\_

**Contact In Case of an Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## PARENT CONSENT FORM

1. I grant permission for release of my child's academic records to Career Beginnings. **Yes**  **No**
2. I grant permission for my child to participate in all activities of Career Beginnings from the date of his/her acceptance. I understand that Career Beginnings will, when appropriate, collaborate with other youth-serving agencies for the benefit of Career Beginnings students and that this may include sharing student information. **Yes**  **No**
3. I grant permission for use of photos/videos of my child for promotional & funding purposes. **Yes**  **No**

I certify that all of the statements in this application are true to the best of my knowledge and understanding.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian's name

\_\_\_\_\_  
Mother's/Guardian's address

\_\_\_\_\_  
Mother's/Guardian's home number

\_\_\_\_\_  
Mother's/Guardian's cell number

\_\_\_\_\_  
Mother's/Guardian's e-mail

\_\_\_\_\_  
Father's name

\_\_\_\_\_  
Father's address

\_\_\_\_\_  
Father's home number

\_\_\_\_\_  
Father's cell number

\_\_\_\_\_  
Father's e-mail

### STUDENT'S FAMILY - COLLEGE EXPERIENCE

Did your mother graduate from college?  Yes  No  
If yes,  2 Year College  4 Year College  Don't know

Did your father graduate from college?  Yes  No  
If yes,  2 Year College  4 Year College  Don't know

Did you have an older brother or sister enrolled in college?  Yes  No  
If yes,  2 Year College  4 Year College  Don't know

Did you have an older brother or sister who graduated from college?  Yes  No  
If yes,  2 Year College  4 Year College  Don't know