

## Half –Day Career & Technology PRE-ENROLLMENT FORM

**Date:** \_\_\_\_\_ **Semester & year of enrollment:** (ex. Fall 2018-2019) \_\_\_\_\_

**Check the program you wish to enter (choose only one program). Applicant must tour the facility of his/her choice to complete the application process.**

<input type="checkbox"/> Nursing Assistant at Med High	<input type="checkbox"/> Automotive Technology at Science Tech
<input type="checkbox"/> Culinary Arts at Med Academy	<input type="checkbox"/> Welding at Science Tech
<input type="checkbox"/> Patient Care Assistant at Med Academy	

Please print legibly.

### Student Information:

<b>Student's Name:</b>	<b>Social Security #:</b>	<b>Date of Birth:</b>						
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">_____</td> <td style="border: none; width: 33%;">_____</td> <td style="border: none; width: 33%;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">First</td> <td style="border: none; font-size: small;">Middle</td> <td style="border: none; font-size: small;">Last</td> </tr> </table>	_____	_____	_____	First	Middle	Last		
_____	_____	_____						
First	Middle	Last						

### Contact Information

<b>Complete Mailing Address:</b>	<b>Physical Address: (if different from mailing address)</b>
<b>Home Phone #</b>	<b>Mobile Phone#:</b>
<b>Other Phone #</b>	<b>Email Address:</b>

### Parent / Guardian Information:

<b>Father/Guardian's Name</b>	<b>Work Phone:</b>	<b>Mobile Phone:</b>
<b>Mother / Guardian's Name</b>	<b>Work Phone:</b>	<b>Mobile Phone:</b>
<b>Parent's Email Address</b>		

### School Information:

<b>Current School:</b>	<b>Current School District:</b>	<b>Current Grade Level:</b>

**Please call our office to request for the Supervisor to pick up completed applications or you may mail or deliver to:**

STISD Career & Technology Half-Day Services  
100 Med High Dr.  
Mercedes, TX 78570

Phone: (956) 514-4259  
Fax: (956) 565-1767

**Thank you for applying. You will be contacted soon.**

**It is the policy of STISD to comply with all non-discrimination provisions of all federal and state laws. STISD admits students without regard to race, religion, color, sex, national origin, disability or limited English proficiency.**

### Career Interest Essay

What are your career goals? Why are you interested in this Career & Technology Half-Day Program?

**Important Note:** Application will not be processed without this essay. Please make sure that this is included with your application. Essay evaluated on content, not on spelling or grammar.

Please focus your essay on one vocational program because if you write about two or more careers, your application will not be processed *until* a clear indication from you has been given to which program interests you the most.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please print name.

Please print your essay below or attach a typed page to this form.


\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Marketing Survey

How did you hear about STISD Half-Day Programs? Check all that apply.

- Friend or relative
- STISD presentation
- STISD tour
- Current or former student
- Home High School Transition Fair
- ARD Meeting
- Counselor or Teacher
- Transition Specialist
- Other \_\_\_\_\_

Student's Name: \_\_\_\_\_

### Home Language Survey

*To be completed by parent or guardian:*

*Debe ser contestado por uno de los padres/tutores:*

1) What language is spoken in your home most of the time? \_\_\_\_\_  
*¿Qué idioma se habla en su hogar la mayor parte del tiempo?*

2) What language does your child speak most of the time? \_\_\_\_\_  
*¿Que idioma habla su hijo(a) la mayor parte del tiempo?*

### Media Permission

\_\_\_\_\_ I hereby grant permission to use my child's name, picture and comments in materials (television, video, world-wide web, audio and printed media) used to promote the Career & Technology Half-Day Program, recruit new students and/or dispense public information. This information will mention that the Half-Day Program is for students with special needs.

*Doy permiso para utilizar el nombre de mi hijo, imagen y comentarios en materiales (para televisión, vídeo, Internet e impreso) para promover el programa de medio día de STISD, reclutar nuevos alumnos y/o distribuir información pública. Esta información se menciona que el programa de medio día es para estudiantes con necesidades especiales.*

\_\_\_\_\_ I do not give such permission.  
*No doy tal permiso.*

### Permission for Release of School Records

By signing below I hereby give my written consent allowing South Texas ISD to obtain copies of my child's school records.

*Al firmar abajo, yo doy mi consentimiento escrito permitiendo South Texas ISD para obtener copias de registros escolares de mi hijo(a).*

\_\_\_\_\_  
Parent/Guardian Signature  
*Firma del Padre o tutor*

\_\_\_\_\_  
Date  
*Fecha*

**The signature above authorizes Home Language Survey, Media Permission, and Consent for Release of School Records. If students compete and win awards at competitions, we need permission from parents to have photos for newspaper and other publications.**

*La firma encima autoriza Revisión de la Lengua de Casa, Permiso de Medios y Permiso para la Liberación de Los Registros Escolares. Si los estudiantes compiten y ganan premios en concursos, necesitamos el permiso de padres de tener fotos para el periódico y otras publicaciones.*

## School Information

*To be completed by student's home school counselor and special services staff*

Student's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Check all that apply to student:**

\_\_\_\_\_ Migrant If checked, enter last date migrated: \_\_\_\_\_

\_\_\_\_\_ Free or reduced lunch

\_\_\_\_\_ ESL/LEP/Bilingual

**Please submit a copy of the following documents with the application (pages 1-4):**

- Copy of student's social security card
- Copy of student's birth certificate
- Most current immunization records
- Most recent attendance records
- Most recent report card
- Most recent transcript
- Most recent STAAR Confidential Student Report
- Most current ARD and FIE
- Psychological information/Behavior Intervention Plan (if applicable).
- Medical information (if applicable)

*This data is needed to help our teachers write the IEP's for incoming students.*

**The next three items are to be sent to us before home high school staff leaves for the summer for Fall semester applicants for next school year. (This does not apply to Spring semester applicants because the forms requested on the above list will have this information).**

- Final report card at the end of the current school year
- Final transcript (9<sup>th</sup> – 11<sup>th</sup> graders) at the end of the current school year
- Latest copy of student's STAAR Confidential Student Report taken this current school year.

\_\_\_\_\_  
Name of person submitting information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature of person submitting information

\_\_\_\_\_  
Date

**Contact our office to request for Half-Day Programs Supervisor to pick up completed applications or you may mail or deliver to:**

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100 Med High Dr., Portable 3  
Mercedes, TX 78570

Phone: (956) 514-4259  
Fax: (956) 565-1767

Please contact our office at (956) 514-4259 if you have any questions or concerns about completing this application.