

2019-2020 Enrollment Form

Date:

			otadont m	formation						
Student								Male Female	Grade Next Year:	
Current	Last		First Birth Date:			M.I.				
High School			mm/dd/	′уу		SSN			Yes	s N
Email Address:					Is th	e studen	t Hispa	anic or Lat		
Student Race:	White	Black or African American	🗌 Asian	□ Native Ha Pacific I	waiian or Islander		Ame	erican India	an or Alaska	Nativ
	Primary	y Household (i	home in which	student resides m	ore than 5	0% of th	e time)		
Adult #1 (first contact)								,		
		Name		0.1				ionship to	Student	
Email Address:				Cell Phone:			Wor Phon			
Adult #2		Name					Relat	ionship to	Student	
Email		Name		Cell			Wor	'k		
Address:				Phone:			Phon	ie:		
Household Addres	S:									
		Street Address					Apartment/Unit #			
		City					State ZIP Code			
			City			5	State		ZIP (Code
Home Phone:			2	Alternate	e Phone:					
			-							
Secondary			-							
			-				es less	s than 50%		
Secondary Adult #3	Household	(if parents are divo Name	rced or separat	ted the home in w	hich stude	nt reside	es less Rel W	s than 50% ationship f	% of the tim	
Secondary Adult #3 Email Address:	Household	(if parents are divo	rced or separat	ted the home in w	hich stude	nt reside	es less Rel W	s than 50% ationship	% of the tim	
Secondary Adult #3	Household	(if parents are divo Name	rced or separat	ted the home in w	hich stude	nt reside	es less Rel W Ph	s than 50% ationship /ork none:	% of the tim	
Secondary Adult #3 Email Address: Adult #4 Email	Household	(if parents are divo Name	rced or separat	ted the home in w	hich stude	nt reside	Rel Rel Pr Rel Wc	ationship /ork ione:	% of the tim to Student	
Secondary Adult #3 Email Address: Adult #4 Email Address:	Household	(if parents are divo Name Name	rced or separat	ted the home in w Cell Phone:	hich stude	nt reside	Rel Rel Pr Rel Wc	ationship dionship /ork none: ationship	% of the tim to Student	
Secondary Adult #3 Email Address: Adult #4 Email Address:	Household	(if parents are divo Name Name	rced or separat	ted the home in w Cell Phone:	hich stude	nt reside	Rel Rel Pr Rel Wc	ationship f /ork none: ationship f ork one:	% of the tim to Student	e)
Secondary Adult #3 Email Address: Adult #4 Email Address:	Household	(if parents are divo Name Name	rced or separat	ted the home in w Cell Phone:	hich stude	nt reside	Rel Rel Pr Rel Wc	ationship f /ork none: ationship f ork one:	% of the tim to Student	e)
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Secondary Adult #3 Email Address: Adult #4 Email Address: Dusehold Address:	Household	(if parents are divo Name Name	Street Address	ted the home in w Cell Phone: Cell Cell Phone: Cell Alternate Ph	hich stude	nt reside	Rel W Pr Rel Wc Ph	ationship f /ork none: ationship f ork one: <i>Apan</i>	to Student to Student to Student	e)
Secondary Adult #3 Email Address: Adult #4 Email Address: ousehold Address:	Household	(if parents are divo Name Name	Street Address	Cell Cell Cell Cell Cell Cell Phone: Cell Cell Phone: Cell Cell Cell Cell Cell Cell Cell Ce	hich stude	nt reside	Rel M Ph Rel Wc Ph	ationship f	% of the tim to Student to Student tment/Unit #	e)

		CTC PROGRAMS OFFERED)			
The following programs are offered a						
semesters, earning 3 units of high sc		credit each year. Juniors and ser		SENIOR ONLY PROGRAMS:		
Auto Collision Technology *		Graphic Arts *				
Automotive Technology *		Electrical Trades *		Basic Flight		
Cabinet Making		Heating, Venting & AC *		Careers in Childcare *		
Computer Coding & Programming *		Landscape/Horticulture *		Criminal Justice		
Computer Networking & Security *		Precision Machining *		Drone Technology		
Construction Technology *		Marketing *		Emergency Medical Technician (EMT-B)		
Culinary Arts *		Pre-Engineering by PLTW *		Health Occupations		
Digital Media *		Welding *		High School Practical Nursing		
Program Desired:		Second Choice: (Must fill out 2) se see your counselor if you plan t llege Credit is available for designated				
Why do you want to be in this program?: What are your plans after high school?:						
Parental Consent – I understand and agr the upcoming school year. I understand additional fees or supplies. Parent Signature:				rance and that some courses may requir		
			001			
CUM GPA: Student will be		PLETED BY HOME SCHOOL Junior Senior □ □ in the upcoming		MOSIS		
Number of discipline referrals for the	curre	ent school year:	lf mo	re than two, please attach discipline histo	ory.	
Number of absences for the current s Career Cluster Inventory Results From Missouri Connections:	nore than ten, please attach attendance history.					
IEP NO YES Diagnosis:		Enr	oll in l	Embedded LA 🗌 Math		
Counselors Comments:						
Recommending school official's signa	ature	: 				
		Notice of Nondiscrimination				

Notice of Nondiscrimination The Cape Girardeau Public School System is committed to the concept of equal opportunity for all individuals, regardless of race, color, national origin, sex, or handicap as defined by section 504, PL 93-112, in its employment procedures and in its operation of education programs and activities. The Cape Girardeau Public School System is required by Title IX of the Educational Amendments, Public Law 93-318 not to discriminate on the basis of sex in above mentioned areas. Persons who feel they have been discriminated against in violation of this policy may appeal to the Compliance Official responsible at 301 N. Clark St. Cape Girardeau, MO 63701, telephone (573) 335-1867.