

Santa Gertrudis Academy P-TECH Health Science Academy 2022-2023 Enrollment Form

Student Name	First	Middle	Student ID #	
Address				
Street Number and Name	City	State	Zip Code	
Student Cell Phone/Other:	Studer	nt Email Address:		
Parent Name(s):	Parent Cell Phone:			
Parent Email Address:				
Please rank the following programs of s	tudy in the order o	f your interest (1 being	most interested)	
Electrocardiogram (EKG) Technici	an	Patient Care Technician (PCT)		
Phlebotomy Technician		Certified Nurse Assistant (CNA)		
 the requirement of at least 4 dua student support services as need work-based learning experience 	ed for academic co		grade) year	
Student Signature			 Date	
As a parent, I understand that I serve as Therefore, as a parent, I agree: to encourage and support my stuents attendance is extremely import to be present for any and all studneeded. that my student will attend Summercommended	udent to complete a portant and necessa dent/parent meetin	II coursework in a timely ry for success in academ	manner ic classes acher conferences, if	
Parent Signature			 Date	