



**Santa Gertrudis Academy  
P-TECH Health Science Academy  
Enrollment Form**

**Student Name** \_\_\_\_\_  
*Last First Middle Student ID #*

**Address** \_\_\_\_\_  
*Street Number and Name City State Zip Code*

**Student Cell Phone/Other:** \_\_\_\_\_ **Student Email Address:** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_ **Parent Cell Phone:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

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

\_\_\_\_\_ Electrocardiogram (EKG) Technician      \_\_\_\_\_ Patient Care Technician (PCT)  
\_\_\_\_\_ Phlebotomy Technician      \_\_\_\_\_ Certified Nurse Assistant (CNA)

**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.
- attendance at Freshman Camp program to introduce students to cohort and classroom expectations
- 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

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_ **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.

\_\_\_\_\_  
**Parent Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_ - \_\_\_\_\_ **School Year**