



**P-TECH Health Science Academy
2024-2025 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 (this will occur for 2 days in June 10-11, 2024 – attendance is **highly recommended**)
- the requirement of at least **4 dual credit class** by the end of my junior (11th 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.
- that my student will attend Summer Bridge for 2 days in June 10-11, 2024 as attendance is **highly recommended**

Parent Signature **Date**