



Education and Workforce Development Cabinet
Office of Career and Technical Education

Student - Enrollment Application

School:	Campbell County ATC	School Year:	2020-2021
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STUDENT INFORMATION

Last Name:		First Name:		Middle:	
Address (Street or PO Box):					
City:		State:		Zip:	
Telephone Number:		Race:			
Do you have school records under a different name? Y or N			Gender:		
If Yes, what name?					
Social Security #:		Birth Date:			
State Student ID:		Age:			

Home High School:					
Grade:					
AM or PM Student:					
First Year: Y or N	Second Year: Y or N	Co-Op: Y or N			

PARENT / GUARDIAN INFORMATION

Parent / Guardian:					
Address:					
Home Phone:		Work Phone:			
Cell Phone:					
Email:					
Parent / Guardian:					
Address:					
Home Phone:		Work Phone:			
Cell Phone:					
Email:					

Do you have access to the Internet? _____ Yes _____ No

Do you have access to a device that can connect to the Internet from which you would be able to perform school work, if necessary? _____ Yes _____ No

Equal Education and Employment Opportunities M/F/D