



# College Tech Prep Student Registration Form

HIGH SCHOOL NAME	
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First Name	Middle Name	
Last Name		
Street Address		
City		
State	Zip Code	
Home Phone	(    )	
E-mail Address <small>(optional)</small>		

Student ID	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
H.S. Year of Graduation	

<i>FOR SCHOOL USE ONLY</i>	
<b>SASID ID Number</b>	

<b>FIELD OF STUDY OR NAME OF PROGRAM - (vocational schools)</b> <i>Place an X in one of the boxes below:</i>	<b>POST-SECONDARY PROGRAM OF STUDY (Intended College or Apprenticeship Program)</b> _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that the Tech-Prep Program is a program that provides my child with access to courses, activities and services that will assist him/her in making the transition from high school to college and/or an apprenticeship. I understand that by signing this registration form I give my permission for my child to be registered in the Tech-Prep program at his/her high school. I give my permission to the high school to forward a copy of this registration form to the Tech-Prep Consortium office located at the community colleges.

\_\_\_\_\_  
*Parent / Guardian Signature*                      *Print Parent / Guardian Name*                      *Date*

I understand that the Tech-Prep program is a program that provides me with access to courses, activities and services to assist me in making the transition from high school to college and/or an apprenticeship. I understand that by signing this registration form with my parent/guardian I am officially registered in the Tech-Prep program in my high school. I give my permission to my high school to forward a copy of this registration form to the Tech-Prep Consortium office that is located at the community colleges.

\_\_\_\_\_  
*Student Signature*                      *Print Student Name*                      *Date*

The Tech-Prep program has been explained to this student. The student is hereby registered in the Tech-Prep program.

\_\_\_\_\_  
*Guidance Counselor / Site Coordinator Signature*                      *Print Guidance Counselor / Site Coordinator Name*                      *Date*

<input type="checkbox"/> I give permission to the Tech Prep program to use photographs, digital images, or video footage of my son/daughter participating in activities in publications or other media, including electronic media, for the purposes of illustrating and promoting the benefits of the Tech Prep program.	
_____ <i>Parent/Guardian's Signature</i>	_____ <i>Date</i>

**Request for Affirmative Action Data**                      *(Completion of the following is strictly voluntary)*

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian/Alaskan	Language spoken at home, if not English _____	