



Education and Workforce Development Cabinet
Office of Career and Technical Education

Student - Enrollment Application

School:	Boone County ATC	School Year:	
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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?		Yes		No	
If Yes, what name?					
Social Security #:		Birth Date:			

Home High School:										
Indicate Grade:		9		10		11		12		PS

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

Parent Email:															
Program:						Enrollment Date:									
Check Period or Block Attending:															
Period:		1		2		3		4		5		6		7	
Block:		1		2		3		4							
Check:						AM Student					PM Student				

Equal Education and Employment Opportunities M/F/D