



Herndon Career Center

11501 E. 350 Hwy
Raytown, MO 64138
P: 816.268.7140
F: 816.268.7149

Date

Print Full Student Name

Date of Birth: _____

Grade Level: _____

Home Address

Please circle one:

Home School Student

Private School Student

Home School District you reside in: _____

OR

Name of Private School: _____

Please list the name of the Course the student has applied to take at Herndon Career Center.

Parent/Guardian Signature

Signature of Public School Representative and their position within the district signifying endorsement and district agreement to pay tuition to Herndon Career Center upon successful enrollment as a part-time student at your public school of residence.

IMPORTANT FINAL STEP:

*After this form has been completed and signed by an authorized public school representative, scan and email this completed form to Erica.Byrd@raytownschools.org **NO later than June 1.**