



WACTC Student Application

Student Information

Student #

Last Name	First Name	Middle Initial	Date of Birth
Number	Street	City/Town	Zip Code
Telephone	School you currently attend	School Counselor	Current grade

Parent Information

Parent or Guardian Name	Primary Phone #	Email address
Parent or Guardian Address (if different from above)	Work Phone #	

Please indicate the programs you are interested in attending by entering a 1 above your first choice, "2" above your second choice, and "3" above your third choice. Students will be given their first choice whenever possible.

Auto. Tech.	Aviation	Children & Elderly	Cisco Networking	Computer Aided Design	Cosmetology
Construction Trades	Culinary Arts/Baking	Electricity	Electronics	Facilities Operation	
Fashion Merchandising	Graphic Design	Health Occupations	Marine Trades	Academy of Finance	

_____ Student Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date
_____ School Counselor Signature	_____ Date	_____ Counselor Telephone # and extension	

This form must be given to your guidance counselor. For non-Warwick residents only, the counselor will present this form to the Superintendent of Schools for his/her signature.

Superintendent's Signature

Date