



APPLICATION

STUDENT INFORMATION

STATE ID# _____
(ie. 1000XXXXXX)

LAST NAME FIRST NAME MI DOB

STREET ADDRESS APT. # CITY/TOWN ZIP CODE

PHONE # CURRENT SCHOOL GUIDANCE COUNSELOR GRADE

PARENT INFORMATION

PARENT/GUARDIAN NAME HOME PHONE E-MAIL

PARENT/GUARDIAN ADDRESS (IF DIFFERENT FROM ABOVE) WORK #

PLEASE INDICATE THE PROGRAMS YOU ARE INTERESTED IN ATTENDING BY ENTERING A "1" IN THE BOX OF YOUR FIRST CHOICE, "2" IN YOUR SECOND CHOICE, AND "3" IN YOUR THIRD CHOICE. STUDENTS WILL BE GIVEN THEIR FIRST CHOICE WHENEVER POSSIBLE.

ACAD. OF BUSINESS MANAGEMENT & MARKETING	AUTOMOTIVE TECHNOLOGY	AVIATION TECHNOLOGY	CHILD DEVELOPMENT	CONSTRUCTION TRADES	COSMETOLOGY
CULINARY & PASTRY ARTS	CYBERSECURITY/IT/CISCO NETWORKING	ELECTRICAL TECHNOLOGY	ELECTRONICS & DIGITAL PROGRAMMING	ENGINEERING DRAFTING & DESIGN	GRAPHIC DESIGN & MULTIMEDIA
HEALTH OCCUPATIONS	MARINE TECHNOLOGY	STUDIO 107 AUDIO & VIDEO TECHNOLOGY	ACADEMY OF FINANCE	FACILITIES OPERATIONS	

STUDENT SIGNATURE/DATE

PARENT/GUARDIAN SIGNATURE/DATE

SCHOOL GUIDANCE COUNSELOR SIGNATURE/DATE

COUNSELOR TELEPHONE & 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 (non-Warwick schools only)

WARWICK PUBLIC SCHOOLS DO NOT DISCRIMINATE ON THE BASIS OF SEXUAL ORIENTATION, RACE, RELIGION, NATIONAL ORIGIN, COLOR, DISABILITY IN ACCORDANCE WITH APPLICABLE LAWS AND REGULATIONS.