G-TECH
Geneva Regional Career Tech Center

Name: _____ Preferred Name: _____

Current Grade (Circle): 10th 11th

Mailing Address: _____
(Street) (City) (State) (Zip)

Student Phone #: _____ Parent Phone #: _____

High School (Circle): Geneva Geneva County (Hartford) Samson Slocomb

Check the program you are applying for (indicate 1st and 2nd choice if more than one):

CTE Dual Enrollment (minimum 2.5 GPA)		High School CTE Programs	
	Automotive (LBWCC)		Education and Training
	Aviation Maintenance (ESCC)		Health Science
	Welding (Wallace)		
	Information Technology (ESCC)		

Briefly explain why you want to enroll in classes at the Geneva Regional Career Tech Center:

_____

_____

Referred/Recruited by:_____

Your signature below indicates you will attend GTECH classes for the entire 2018-19 school year.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

---------- **DO NOT WRITE BELOW THIS LINE** ----------
(For School Use Only)

GPA: _____ ACT: _____ Days Absent in 2018-19: _____ Approved: Yes or No

Counselor Signature: _____ Date: _____

Notes: _____