

The **parent/ guardian or applicant** should carefully complete this application for admission to Smith Vocational and Agricultural High School

Applicant Section

Name: _____				
Last Name		First Name		Full Middle Name
Birthdate: _____			Grade Applying For: _____	
Month	Day	Year		
Address: _____				
Number		Street	Apt Number	City/Town Zip
Current School Attending: _____			Current Grade: _____	

Parent/Guardian Contact Section

Name: Parent/Guardian _____	
Address: Parent/Guardian _____	
Number	Street
_____	_____
City/Town	Zip
_____	_____
E-mail address: Parent/Guardian _____	
Home Phone Number: Parent/Guardian _____	
Work Phone Number: Parent/Guardian _____	
Cell Phone Number: Parent/Guardian _____	

Smith Vocational and Agricultural High School admits students and makes available to them its advantages, privileges, and courses of study, without regard to race, color, sex, religion, national origin, sexual orientation or disability.

Release of Records

Smith Vocational and Agricultural High School has permission to receive the applicant's school records which includes course grades, attendance, disciplinary conduct, and in addition, a recommendation on the Guidance Counselor's Recommendation Form. Your signature indicates that all the statements on this application are correct and that you authorize the release of the above records. Students accepted may be subsequently withdrawn from our membership if found giving false information.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Current Guidance Counselor: _____ Date: _____

Smith Vocational and Agricultural High School has a published admission policy that is made available to all applicants and parent(s)/guardian(s) as part of the admission process. The policy gives the admission criteria, as well as a description of the entire admission process.

School Information – To be completed by the sending school's Guidance Counselor

During the past two school years has the applicant ever been suspended? Yes ____ No ____

If yes, how many times? _____

Has the applicant ever been expelled? Yes ____ No ____

If yes: Date _____ Reason _____

Signature of Sending School Guidance Counselor Printed Name School System Date

To Applicant: Directions: In the space provided below, please number your choice from 1 through 14. Place 1 next to your first choice, 2 next to your second choice and so forth. **Your application cannot be processed unless all programs are numbered with a separate number from 1 to 14.**

Agriculture and Natural Resources

- _____ Agricultural Mechanics
- _____ Animal Science
- _____ Forestry/Horticulture(Arboriculture/Landscaping)

Construction

- _____ Carpentry
- _____ Electricity
- _____ Plumbing Technology

Information Technology Services

- _____ Information Support Services and Networking

Transportation

- _____ Automotive Collision Repair and Refinishing
- _____ Automotive Technology

Business and Consumer Services

- _____ Cosmetology

Manufacturing, Engineering and Technology

- _____ Manufacturing Technologies

Health Services

- _____ Health Technology

Arts and Communication Services

- _____ Graphic Communications/Printing Technology

Hospitality and Tourism

- _____ Culinary Arts

**Voluntary Information Section
Equal Education Opportunity**

The information requested in this section is not required for admission. Submission of the information is entirely voluntary. Information submitted voluntarily by the applicant will not affect the applicant's admission to the school. The information, if supplied, will be used for monitoring equal educational opportunity in the school district. In addition, note that applicants with disabilities may voluntarily self-identify for the purpose of requesting reasonable accommodations during the entire application and admission process. Applicants who are English language learners or limited English proficient may voluntarily self-identify for the purpose of receiving interpretive services during the entire application and admission process.

Gender: ___ Female ___ Male

Race: ___ American Indian or Alaskan Native ___ Asian or Pacific Islander ___ Black
 ___ White ___ Hispanic ___ Combination of Two or More Races: If checked please supply the code from the attached list: Code: _____

Person with a disability: ___ Yes If yes, do you need accommodations during the application for the admission process? ___ Yes If yes, please describe the accommodations needed. _____

Person who is an English language learner or limited English proficient: ___ Yes If yes, do you need language assistance during the application for admission process? ___ Yes If yes, Please describe the assistance needed. _____

PLEASE RETURN THIS APPLICATION TO YOUR LOCAL GUIDANCE COUNSELOR.

If you have any questions please contact Ms. Dena Roy, Admission Coordinator at Smith Vocational and Agricultural High School at 587-1414 x162.