



THIS BOX FOR OFFICE USE ONLY
Entry Date:
Entry Code:
State ID#
SM Entry Date Initials

STUDENT APPLICATION FORM FOR CENTRAL CAMPUS PROGRAMS

Select Program for Application:

- Certified Nursing Assistant/Phlebotomy (full year)
Certified Nursing Assistant (one semester)
Phlebotomy (one semester)
Construction - 1 or 2
Culinary - 1 or 2
Emergency Medical Services
Fire Service
Heating/Ventilation/Air Conditioning (HVAC)
Law Enforcement/Dispatch - 1 or 2
Manufacturing/CNC Operator - 1 or 2
Pre-Engineering - 1 or 2
Teacher Training - 1 or 2

PLEASE COMPLETE FULLY AND PRINT ALL REQUESTED INFORMATION

Student Name: First Last MI

Date of Birth Place of Birth (City/State)

Gender: Male Female

Origin/Ethnicity (check one)

- American Indian or Alaska Native
Asian
Black/African American
Caucasian
Hispanic/Latino
Native Hawaiian or Pacific Islander

Physical Address (Include City, State, ZIP)

Mailing Address (Include City, State, ZIP)

Student Cell Phone: Email Address:
This phone number and email address will be used to contact student as well as automated notifications

Current High School of Attendance

Expected Year of High School Graduation

EXTRA CURRICULAR INVOLVEMENT

Please list all sports, clubs, and activities (school/community) that you will be involved in next school year.

Fall Semester (August – December)

Spring Semester (January – May)

Blank lines for Fall Semester activities

Blank lines for Spring Semester activities

FAMILY INFORMATION

Student lives with: _____

Mother/Guardian Name: _____ Home Phone: _____

Mother's Mailing Address _____

E-mail Address _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father/Guardian Name: _____ Home Phone: _____

Father's Mailing Address _____

E-mail Address _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

STUDENT EMERGENCY INFORMATION

Doctor's Name: _____ Phone: _____

Insurance Provider: _____ Policy # _____

Please check if student has any of the follow health conditions, and include medication(s) taken.

____ ADD/ADHD _____

____ Allergies (specify) _____

____ Asthma _____

____ Diabetes _____

____ Endocrine Disorder _____

____ Gastrointestinal _____

____ Hearing/Ear Disorder _____

____ Heart Condition _____

____ Migraines _____

____ Vision (glasses/contacts) _____

____ Other _____

____ Medication currently being taken _____

SPECIAL ACCOMODATIONS

Has student ever been evaluated to determine if he/she is eligible for special education and related services? Yes ___ No ___

If yes, did the student qualify for services? Yes ___ No ___

My family qualifies for Free and Reduced Lunch: Yes ___ No ___

Is either parent/guardian currently employed with Yavapai College? Yes ___ No ___

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____