



# LEGAL MALE GUARDIAN (Person who has legal custody)

(Circle One)      Father      Stepfather      Grandfather      Foster Father      Brother      Uncle

PRIMARY CONTACT:  YES       NO      IS THE STUDENT LIVING WITH YOU?  YES       NO

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS \_\_\_\_\_

MAILING ADDRESS

CITY

STATE

ZIP

ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS

PRIORITY: \_\_\_\_\_ CELL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

PRIORITY: \_\_\_\_\_ HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

PRIORITY: \_\_\_\_\_ EMPLOYER'S PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
(Enter a number 1 – 3)

EMPLOYER'S NAME \_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS \_\_\_\_\_

PLEASE LIST ANY CUSTODY LIMITATIONS \_\_\_\_\_

(Attach legal documentation indicating such limitations)

## DEMOGRAPHIC INFORMATION *(Please be sure to answer both questions)*

- Hispanic/Latino

Yes       No

- Please enter a valid race or ethnicity code:

\_\_\_\_\_

**Valid Code Values:** Select one and enter in the provided field to the left.

**1-American India/Alaskan Native**

**3-Black or African American**

**4-Hispanic** (any race)

**5-White**

**6-Multi-Racial**

**9-Asian**

**10-Native Hawaiian or other Pacific Islander**

# **EMERGENCY INFORMATION**

NAME OF EMERGENCY CONTACT PERSON \_\_\_\_\_  
(other than legal guardian)  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN STATE ZIP ( )  
AREA CODE PHONE NUMBER

IS THE EMERGENCY PERSON PERMITTED TO TRANSPORT STUDENT? YES NO

NAME OF EMERGENCY CONTACT PERSON \_\_\_\_\_  
(other than legal guardian)  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN STATE ZIP ( )  
AREA CODE PHONE NUMBER

IS THE EMERGENCY PERSON PERMITTED TO TRANSPORT STUDENT? YES NO

DOCTOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN STATE ZIP ( )  
AREA CODE PHONE NUMBER

## **NOTE:**

**A student, after applying and being accepted at Jeff Tech, must provide written notification signed by parents or guardians, to the high school by August 1, that he/she has changed the decision to attend Jeff Tech. Failure to follow this procedure may result in the student being required to attend Jeff Tech until the end of the first semester (2<sup>d</sup> nine-week period) before withdrawal is accepted.** A waiver may be granted in extenuating circumstances as determined by the administration. Jeff Tech acceptance is contingent upon satisfactory completion of 8<sup>th</sup> grade and submission of a complete application.

The information given above represents my request for admittance to Jeff Tech. I understand all effort will be made to consider me. I will be counseled further if necessary. *By signing this application, I acknowledge the responsibility to make myself aware of and agree to abide by the rules and regulations of Jeff Tech which, by nature of its training, emphasizes safety to equipment and personnel.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S APPROVAL SIGNATURE

## **THE SCHOOL OF CHOICE**

Jeff Tech is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, or handicap in its activities, programs, or employment practices. For information regarding civil rights or grievance procedures, contact our Title IX Coordinator at 814-653-8265 ext. 129 or [mkmowery@jefftech.edu](mailto:mkmowery@jefftech.edu). Additional information can be found at the Title IX page of the Jeff Tech website at [www.jefftech.edu](http://www.jefftech.edu).