



2019-2020

# CTC Program Selection Form

\_\_\_\_\_ **1st Choice CTC Program**

\_\_\_\_\_ **2nd Choice CTC Program**

**What grade will you be in Fall 2019? (circle one) 11 or 12**

**(Name as it appears on birth certificate)**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Physical Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_ Gender: (circle one) Male or Female

Student Email Address: \_\_\_\_\_

Home High School: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**CONTACT #1—PARENT OR GUARDIAN:**

**CONTACT #2—PARENT OR GUARDIAN:**

Specify Relationship:	Specify Relationship:
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Employer:	Employer:
Email Address:	Email Address: