

REGION TWO SCHOOL OF APPLIED TECHNOLOGY

5 Bird Street, P.O. Box 307, Houlton, ME 04730

APPLICATION FOR ENROLLMENT

(DATE ENROLLED _____)

1. Name (Last) (First) (Middle)	2. Social Security #	3. Home Telephone
6. Mailing Address (Street, P.O. Box, etc.)	4. Birth Date	5. Sex M F (Circle One)
7. City or Town	8. State	9. Zip Code

10. Resident Town (required for State reporting)	11. Sending School (circle one): (RSU 29) (RSU 70) (RSU 50) (RSU 50) (RSU 84) Houlton Hodgdon Katahdin SACS Danforth
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12. Parent or Guardian Name (Last) (First)	13. City or Town	14. Telephone Home _____ Work _____ Cell _____
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15. Other Emergency Contact (Last) (First)	16. Relationship 18. Town	17. Telephone Home _____ Work _____ Cell _____
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PROGRAM PREFERENCE	PROGRAM LOCATION
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19. Program Name	20. Location of Program <input type="checkbox"/> Center <input type="checkbox"/> Dyer Brook
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21. Second Choice	22. SCHEDULE (check one) <input type="checkbox"/> All Day White Day <input type="checkbox"/> All Day Colored Day <input type="checkbox"/> Other _____
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23. CAREER GOAL	24. Educational plans <input type="checkbox"/> Work <input type="checkbox"/> Military <input type="checkbox"/> College (2 or 4 year?)
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25. Check Current Grade <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> PG	<input type="checkbox"/> Home School through _____ <input type="checkbox"/> Carleton Project <input type="checkbox"/> GHCA
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26. Race (choose all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	27. Is the student Hispanic/Latino? (choose one) <input type="checkbox"/> No <input type="checkbox"/> Yes
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