

Participant Information Application

Student Name		Student ID #	
Current School		Current Grade Level	
Address		City, State, Zip	
Parent /Guardian Name			
Parent /Guardian Phone (1)		Parent/Guardian Phone (2)	

Please select the Academy/School you are applying for:

Academy of Culinary Arts

NW Classen High School

Academy of Engineering

Capitol Hill High School

Academy of Education & Human Services

NW Classen High School

Academy of Finance

John Marshall High School

Academy of Arts

Capitol Hill High School

Academy of Health Sciences

Classen SAS @ NE

NW Classen High School

U. S. Grant High School

Academy of Hospitality & Tourism

Star Spencer High School

Academy of Information Technology

Southeast High School

Academy of Law and Public Safety

Douglass High School

Student/Parent Commitment Statement: If my application is approved to attend one of the academy programs, I understand that I will be assigned to the selected academy theme school nearest to my home. I also agree to abide by the rules governing the school to which I am assigned.

Student's Signature  _____ Date _____

Parent/Guardian's Signature  _____ Date _____

For Office Use Only:		
Date Received: _____	Date Processed: _____	School Assignment: _____