

**RED RIVER TECHNOLOGY CENTER**  
**HIGH SCHOOL ENROLLMENT FORM (for academics)**  
**2019-2020**

**PLEASE PRINT**

Today's Date \_\_\_\_\_

Dept. of Ed. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(10 digit Testing #)

Male \_\_\_\_\_ Female \_\_\_\_\_

Home High School \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Physical Address \_\_\_\_\_  
City State Zip

Cell Phone Number (student) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Emp. Phone \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Emp. Phone \_\_\_\_\_

Person to contact in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Race: \_\_\_\_\_ Am. Indian or Alaska Native \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_\_ Nonresident Alien  
\_\_\_\_\_ Native Hawaiian/Pacific Islander

\*\*check all that apply

**\*Students needing any special accommodations please contact the Red River Technology Center counselor.**

**I will be in the following grade starting in August 2019:**

**CIRCLE ONE    11    12**

**This will be my:            1<sup>st</sup>            2<sup>nd</sup>            year at the Tech Center.**

**CHECK ONE**

**I want to attend the Tech Center in the \_\_\_\_\_ morning or \_\_\_\_\_ afternoon.**

\_\_\_ Biomedical Science Academy  
\_\_\_ Pre-Engineering Academy

Safety is the primary concern of both industry and Career and Technical Education. Therefore the Red River Technology Center provides instruction in the use of equipment and in correct safety procedures related to the operation of equipment used in instruction before the student is allowed to use the equipment. In addition, the student must assume responsibility for following safe practices and subscribe to the following safety pledge:

1. I will provide a copy of my diabetes plan to the counselor. *(If applicable)*
2. I promise to follow all safety rules for the class.
3. I promise never to use a machine without first having permission from the teacher.
4. I will not ask permission to use a particular machine unless I have been instructed in its use and have made 100% on the safety test given on that machine.
5. I will report any accident or injury to the teacher immediately.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*TO BE COMPLETED BY PARENT**

I have read the information about the Biomedical Science Academy/Pre Engineering Academy and I would like my student to be considered for enrollment. By signing below, I give permission for my student's high school to provide any educational records needed to the Academy Selection Committee as part of the application process.

I understand that science is a hands-on laboratory class. My student will be doing many laboratory activities which may require the use of hazardous chemicals and/or the operation of equipment. Safety is always the primary concern therefore my student will not be allowed to participate in laboratory work until safety training has been completed and all requirements have been met.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*TO BE COMPLETED BY LOCAL HIGH SCHOOL OFFICIAL**

I have counseled with this student and recommend he/she be admitted. The transcript with grades and credits has been examined and this student is eligible to enroll.

School Official's Signature \_\_\_\_\_

**PLEASE FEEL FREE TO VISIT OR CONTACT THE RED RIVER TECHNOLOGY CENTER IF YOU ARE INTERESTED IN ADDITIONAL INFORMATION.**

The Red River Technology Center does not discriminate on the basis of race, color, national origin, gender, age, veteran status or qualified disability in admission to its programs, services, or activities, in access to them, in treatment of individuals, or any aspect of its operation. Drug Free Workplace. For any questions, please contact the counselor at 580-255-2903.