



**Valley Academy for
Career and Technology
Education**

SKILLS FOR TODAY, CAREERS FOR A LIFETIME

THIS BOX FOR OFFICE USE ONLY

Entry Date: _____

Entry Code: _____

State ID# _____

PS Entry Date _____ Initials _____

STUDENT APPLICATION FORM FOR CENTRAL CAMPUS PROGRAMS 2026-2027

Program Selection: (Place an X for the program choice & Circle your preference for time and level)

- | | |
|---|---|
| _____ Certified Nursing Assistant/Phlebotomy (full year) (AM or PM) | _____ CNA Year 2 (Behavior Health online) |
| _____ Certified Nursing Assistant (one semester) (AM or PM) | _____ Fire Science - 1 (AM) |
| _____ Phlebotomy (one semester) (AM or PM) | _____ Law Enforcement – 1 or 2 (AM) |
| _____ Construction Technology – 1 or 2 (AM or PM) | _____ Teacher Training – 1 (AM) or 2 (PM) |
| _____ Cosmetology (Hairstyling) - 1 (AM) or 2 (PM) | _____ Electrical Trade Specialty 1 (PM) |
| _____ HVAC (Heating Ventilation Air Conditioning) – Year 2 (PM) (Year 1 will be offered in 27-28) | |

PLEASE COMPLETE FULLY AND PRINT ALL REQUESTED INFORMATION

Student Name: First _____ Last _____ MI _____

Date of Birth _____ Place of Birth (City/State) _____

Student ID # at Satellite School: _____ Student SAIS #: _____

Gender: Male _____ Female _____

Origin/Ethnicity (check one)

_____ American Indian or Alaska Native

_____ Caucasian

_____ Asian

_____ Hispanic/Latino

_____ Black/African American

_____ Native Hawaiian or Pacific Islander

Physical Address _____
(Include City, State, ZIP)

Mailing Address _____
(Include City, State, ZIP)

Student Cell Phone: _____ Student Email Address: _____

This phone number and email address will be used to contact students and for automated notifications

Current High School of Attendance _____

Expected Year of High School Graduation _____

The Valley Academy for Career and Technology Education seeks to have a diverse student body. The school does not discriminate in admissions, employment, or in any of its educational programs or activities based on race, color, national or ethnic origin, ancestry, religion or religious creed, disability, gender, gender identity and/or expression, or sexual orientation.

FAMILY INFORMATION

Student lives with: _____

Mother/Guardian Name: _____

Mother's Mailing Address _____

E-mail Address _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Father/Guardian Name: _____

Father's Mailing Address _____

E-mail Address _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

STUDENT EMERGENCY INFORMATION

Doctor's Name: _____ Phone: _____

Please check if student has any of the following health conditions and include medication(s) taken.

_____ ADD/ADHD _____

_____ Allergies (specify) _____

_____ Asthma _____

_____ Diabetes _____

_____ Endocrine Disorder _____

_____ Gastrointestinal _____

_____ Hearing/Ear Disorder _____

_____ Heart Condition _____

_____ Migraines _____

_____ Vision (glasses/contacts) _____

_____ Other _____

Medication currently being taken _____

SPECIAL ACCOMODATIONS

Has student ever been evaluated to determine if he/she is eligible for special education and related services? Yes ____ No ____

If yes, did the student qualify for services? Yes ____ No ____

My family qualifies for Free and Reduced Lunch: Yes ____ No ____

Is either parent/guardian currently employed with Yavapai College? Yes ____ No ____

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____