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 13TH YEAR COURSES 2026-2027

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

- ☐ Behavioral Health – Nursing Services (Online)
- ☐ Certified Nursing Assistant (one semester) (AM or PM)
- ☐ Phlebotomy (one semester) (AM or PM)
- ☐ Construction – (AM or PM)
- ☐ Plumbing Certification
- ☐ HVAC (Heating Ventilation Air Conditioning)
- ☐ Welding Certification (YC-Prescott)
- ☐ Other Approved CTE Course at YC (List Course Name and Prefix: _____)
- ☐ Ag. Science (Animal Care or Tech. Mgr.)
- ☐ Fire Science - (AM)
- ☐ EMT (Fall Semester)
- ☐ Education Professions – (AM or Online)
- ☐ Business Management-Accounting (Online)
- ☐ Automotive Tech. Certification (YC-Prescott)
- ☐ Law Enforcement – 1 or 2 (AM or Online)

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
- ☐ Asian
- ☐ Black/African American
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ 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 student as well as automated notifications*****

Current High School of Attendance:_____

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 on the basis of race, color, national or ethnic origin, ancestry, religion or religious creed, disability or handicap, gender, gender identity and/or expression, or sexual orientation.

FAMILY INFORMATION

Student lives with: _____

Mother/Guardian Name: _____ Home Phone: _____
Mother's Mailing Address _____
E-mail Address _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____

Father/Guardian Name: _____ Home Phone: _____
Father's Mailing Address _____
E-mail Address _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

Name:_____ Relation: _____ Phone: _____
Name:_____ Relation: _____ Phone: _____

STUDENT EMERGENCY INFORMATION

Doctor's Name: _____ Phone: _____
Insurance Provider: _____ Policy # _____

Please check if student has any of the follow 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 ☐

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

Parent/Guardian Signature (If under 18 yrs old): _____

Student Signature: _____

Date: _____