



New Horizons Career and Technical Education Center
Course of Studies 2010-2011
(757) 766-1100 Ext. 3307

Name:

_____ Last _____ First _____ Middle

Parent/Guardian:

_____ Last _____ First

Student's Address:

_____ Street # _____ City _____ State _____ Zip

Student ID#: _____ Home phone number: _____ Parent/Guardian day number: _____

Parent/Guardian email address: _____ Student Social Security Number: _____

Birth date: _____ Assigned High School: _____

Previous Career and Technical Courses _____

Course Preference: AM PM **Either**
Location Preference: Hampton Newport News

First Choice:

Second Choice:

Third Choice:

Is the student also applying for the Governor's Academy for Innovation, Technology and Engineering? ____ Yes ____ No

Students please return this completed application to your guidance counselor.

Counselor's Section

Cum. GPA as of Sem. 1 SY 09-10 _____ **Days Absent SY 09-10** ____ **SY 08-09** _____

Student's present grade level: _____ Guidance Counselor: _____

Guidance Counselor Phone Number: _____ E-mail Address: _____

Assessment Evaluation? ____ Yes ____ No (If yes, please attach a copy of the vocational assessment.)

Does the student have special needs or require accommodations? ____ Yes ____ No (If yes, please explain)

Comments and Recommendations: _____

A copy of the student's cumulative grade record, attendance record and test scores MUST accompany this form.

 Parent/Guardian Signature Student Signature Date

 Counselor Signature Date

*New Horizons Regional Education Centers does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:
 Dr. Dedra Jordan, Human Resources Director
 520 Butler Farm Road
 Hampton, VA 23666
 (757) 766-1100 ext. 3309*