



APPLICATION – AUBURN CAREER CENTER – 2008-2009

TO BE COMPLETED BY STUDENT...Please print neatly and complete the essay on the back of this application.

Last Name: _____ First Name: _____ Middle: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Student Cell Phone _____ School you Attend: _____ District you Live In: _____

CAREER CHOICE...Indicate First Choice with 1 and Second Choice with 2:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Allied Health Technology | <input type="checkbox"/> CISCO Networking | <input type="checkbox"/> Electrical Trades | <input type="checkbox"/> Internet Programming & Hardware |
| <input type="checkbox"/> Automotive Collision Repair | <input type="checkbox"/> Construction Engineering | <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Construction | <input type="checkbox"/> Greenhouse & Landscaping | <input type="checkbox"/> Patient Care Technician |
| <input type="checkbox"/> Business Computer Services | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Hospitality & Community Services | <input type="checkbox"/> Transitional Employment |
| <input type="checkbox"/> CAD Engineering Technology | <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Industrial Transition Training | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Career Exploration & Readiness | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Interactive Multimedia Technology | |

TO BE COMPLETED BY PARENT OR GUARDIAN... Please check who student lives with:

_____ Father or Guardian Name: _____ Home Phone: _____ Cell : _____
 Address: _____ City: _____ State: _____ Zip: _____ Email: _____
 Place of Employment: _____ Work Phone: _____

_____ Mother or Guardian Name: _____ Home Phone: _____ Cell : _____
 Address: _____ City: _____ State: _____ Zip: _____ Email: _____
 Place of Employment: _____ Work Phone: _____

TO BE COMPLETED BY AUBURN ENROLLMENT SPECIALIST

MUST BE SIGNED BY AUBURN ENROLLMENT SPECIALIST AFTER THE INTERVIEW :

What program did the applicant visit? _____

_____ Auburn Enrollment Specialist

_____ Interview Date

