



Please submit the following documents with your application:

- Current Unofficial Transcript    -Attendance Record or Attendance Points Awarded\*
- Discipline Record or Discipline Points Awarded\*    -Proof of Age (if birthdate is not on transcript)    -Proof of Immunizations
- Standardized Test Scores only if GPA is Below Program Minimum (AIMS, Stanford 10, etc.)\*\*

### Student Information:

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Student E-Mail Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Student Cell Phone \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

If student is under 18: Parent/Legal Guardian Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ Parent/Guardian E-Mail Address \_\_\_\_\_

Parent/Legal Guardian Name (optional) \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ Parent/Guardian E-Mail Address \_\_\_\_\_

Gender:  Male  Female      Current Grade Level:  10  11  12      Graduation Year: \_\_\_\_\_

Does student or any family member receive any type of AFDC funds or WIC i.e., free lunch?  Yes  No

Are you Hispanic or Latino?  Yes  No      Race (Check one or more below. If Hispanic or Latino, check white and/or other races that apply to you.):

Native American or Alaska Native     Asian     Black or African American     Native Hawaiian or other Pacific Islander     White

Do parents/guardians speak and understand English?  Yes  No    If not, please list language they speak and understand: \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_ Does student have a parent in the military?  Yes  No

### Program Choice:

1<sup>st</sup> Program Choice: \_\_\_\_\_ 2<sup>nd</sup> Program Choice: \_\_\_\_\_

Home High School: \_\_\_\_\_ Home High School Counselor Signature: \_\_\_\_\_

EVIT Schedule Preference(s):  AM 8:05-10:35  PM 12:05-2:35    Cosmetology or Aesthetics Schedule Preference(s):  AM 7-11  PM 12-4

Options for Seniors Only:    1 year Massage Therapy  AM 7-11    1 year Medical Assistant  AM 7-11

Parent/Guardian Signature (if student is under 18): \_\_\_\_\_ Student Signature: \_\_\_\_\_

\*Attendance Points Awarded and Discipline Points Awarded are determined using EVIT's Attendance and Discipline Scoring Rubric (attached hereto). If attendance and discipline records are not provided, the completed Attendance and Discipline Scoring Rubric must be submitted with student's application.

\*\*Standardized test scores (AIMS or Stanford 10) are considered only if a student does not meet the minimum GPA for a specific program.

This section to be filled out by EVIT Personnel:

Program: \_\_\_\_\_  Main Campus  East Campus

Teacher Name: \_\_\_\_\_ Section #: \_\_\_\_\_ Provisional:  Yes  No

Student Entry Date: \_\_\_\_\_ SAIS #: \_\_\_\_\_

Entered into Power School by: \_\_\_\_\_ Date: \_\_\_\_\_

**EVIT ID #**

## EVIT Attendance and Discipline Scoring Rubric

Attendance\* (6 unexcused tardies = 1 unexcused absence)

0-2 unexcused absences                      3 points

3-5 unexcused absences                      2 points

6-9 unexcused absences                      1 point

10 or more unexcused absences              0 points

\*In the most recent year of school

Discipline\*\* (5 non-suspension incidents = 1 day suspended)

0-4 non-suspension incidents                3 points

1-4 days suspended                          2 points

5-9 days suspended                          1 point

10 or more days suspended                 0 points

\*\*In the most recent year of school

Students with more than 3 total points will be admitted if they meet minimum GPA requirements or demonstrate academic ability through standardized test scores and meet other program requirements, if any. Students with 3 or fewer total points will not be admitted, even if the student meets other program requirements.

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

Attendance Points Awarded: \_\_\_\_\_

Discipline Points Awarded: \_\_\_\_\_

Total Points Awarded: \_\_\_\_\_

Completed by:

\_\_\_\_\_  
Name (Counselor)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date