

## East Valley Institute of Technology – Returning Student

- If you are changing programs please submit current unofficial transcripts with this form***



### APPLICANT INFORMATION

Last Name		First Name		M.I.
Street Address			Apartment #	
City		State		ZIP
Date of Birth:	State of Birth:		Country of Birth:	
Primary Phone:			Alternative Phone:	
Student E-mail:			Parent/ Guardian E-mail:	
Parent/ Guardian Name:			Daytime Phone:	
Male <input type="checkbox"/>		Female <input type="checkbox"/>		

### EDUCATION

Current High School Grade	9th <input type="checkbox"/>	10th <input type="checkbox"/>	11th <input type="checkbox"/>	12th <input type="checkbox"/>
New Program Choice:				
Current Program:				
Schedule Preference:	AM 8:05-10:35 <input type="checkbox"/>	PM 12:05-2:35 <input type="checkbox"/>		
Cosmetology/Aesthetics/1yr Massage	AM 7:00-11:00 <input type="checkbox"/>	PM 12:00-4:00 <input type="checkbox"/>		

### SIGNATURES

<i>Parent/ Guardian Signature:</i>	<i>Date:</i>
<i>Student Signature:</i>	<i>Date:</i>

### EVIT PERSONNEL

Program:	
Teacher Name:	Section #:
Student Entry Date:	SAIS #:
Entered into Power School By:	Date:

EVIT #