



East Valley Institute of Technology

High School Enrollment Application

Phone: 480-461-4000 • www.evit.com

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 (PLEASE PRINT LEGIBLY-BLUE/BLACK INK ONLY):

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 _____
PLEASE PRINT

Parent/Legal Guardian Name _____ 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

CAMPUS Preference^: Main (Main/Alma School) East (Power/Pecos) Apache Junction Fountain Hills
Program Choice:

1st Program Choice: _____ 2nd 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.

^ Campus of choice is not guaranteed. EVIT Administration has the right to decide program schedule & campus based on availability.

For a complete list of programs per campus, please visit EVIT.com

This section to be filled out by EVIT Personnel:

Program: _____ Main Campus East Campus AJ Campus Fountain Hills 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