

# East Valley Institute of Technology

1601 W. Main Street, Mesa, AZ 85201 (480) 461-4000 Fax: (480) 461-4020

# New Student Enrollment Application

New Student  Returning Student

## Student Information:

DATE: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT/SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ GENDER:  Male  Female

HOME HIGH SCHOOL \_\_\_\_\_ HHS ID # \_\_\_\_\_ SAIS ID # \_\_\_\_\_

LAST SCHOOL ATTENDED (if not same as above) \_\_\_\_\_ CITY & STATE where LAST SCHOOL IS LOCATED \_\_\_\_\_

Is applicant a single parent?  Yes  No Does applicant or any family member receive any type of AFDC funds or WIC i.e., free lunch?  Yes  No

### Legal Guardian:

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK TELEPHONE # \_\_\_\_\_

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NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK TELEPHONE # \_\_\_\_\_

Grade Level as of Fall 20 _____			
<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> Transition	<input type="checkbox"/> Working on GED		
<input type="checkbox"/> Have GED			
Graduation Year: _____			

HOME TELEPHONE # \_\_\_\_\_

ALTERNATE TELEPHONE # \_\_\_\_\_

Previously Attended EVIT?  Yes  No If Yes, Year(s) Attended: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No State Where Born: \_\_\_\_\_ Country Where Born: \_\_\_\_\_

Race/Ethnicity:  Caucasian/White  African American/Black  Hispanic  Native American/Indian  Asian

What is the primary language spoken in your home? \_\_\_\_\_

Do parents/guardians of student enrolling speak and understand English?  Yes  No

If not, please list language they speak and understand: \_\_\_\_\_

### DO YOU RECEIVE ANY OF THESE SERVICES:

ESL/ELL \_\_\_\_\_ Yes \_\_\_\_\_ No

IEP or SPECIAL ED \_\_\_\_\_ Yes \_\_\_\_\_ No

504 \_\_\_\_\_ Yes \_\_\_\_\_ No

COUNSELOR/CASE MGR: \_\_\_\_\_

### Student's Program Choice:

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

Fall (August – December)  Spring (January – May)

Regular Class Schedule:  AM – 8:05 – 10:35  PM – 12:05 – 2:35  Late Afternoon – 3:00 – 7:00 (limited offerings)

Cosmetology and Massage Therapy:  AM – 7:00 – 11:00  PM – 12:00 – 4:00  Late Afternoon – 4:30 – 8:30

**Student Commitment:** I understand that satisfactory progress and regular attendance in a class is mandatory for continued study at EVIT. I can earn 1½ elective credits each semester AM or PM session; however, attendance and tardies affect the grade. Please see student handbook for rules. I also realize that EVIT does not provide transportation; however, most of the schools EVIT serves do provide transportation, and it is my responsibility to become familiar with transportation offered through my home school. Additional fees for tools and supplies may apply. Finally, my signature below assures EVIT that I understand the items explained in this paragraph.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THIS SECTION TO BE FILLED OUT BY EVIT PERSONNEL ONLY

HHS IN DISTRICT?  Yes  No HHS:  Public  Private  Charter

Program: \_\_\_\_\_ Student's Start/Enter Date: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Interview Completed: \_\_\_\_\_

Fall Section #: \_\_\_\_\_ Spring Section #: \_\_\_\_\_ Provisional:  Yes  No Processed by: \_\_\_\_\_

AUDIT  CREDIT If AUDIT, please make sure form is completed, signed and returned by date due according to handbook.

Entered into SASIxp by: \_\_\_\_\_ On Date: \_\_\_\_\_

EVIT ID # \_\_\_\_\_