



CTE APPLICATION

PERSONAL INFORMATION

NAME

DATE OF BIRTH

ADDRESS

PHONE

EDUCATION

HIGH SCHOOL:

PROGRAM APPLYING FOR:

AM OR PM PREFERENCE:

I understand that I will have to provide my own transportation if my home district does not provide it.

If accepted into the program I will abide by all guidelines and attendance policies. Failure to comply will result in dismissal from the program.

PLEASE SEND APPLICATION AND TRANSCRIPT

TO KATHLEEN AT KRANCK@STATESTREETACADEMY.ORG