

Student Application to Attend: Olds Career High School

LEGAL NAME:		Last	First	Middle
Current Mailing Address:		Apt# / House / Street	City/Town Prov.	Postal Code
HOME PHONE: ()	BIRTHDATE: (MM/DD/YY)	GENDER: M / F		Grade: Age:
Previous School:		Town:	Date Last Attended:	
Career High Only? Yes <input type="radio"/> No <input type="radio"/>		Blended with:		
Why do you want to attend this Career High School?				
Courses to be completed at Olds Career High				
Semester 1		Semester 2		
First Aid & Work Experience				
First Aid is one of the courses available.				
Do you have a current first aid certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Current job: full-time <input type="checkbox"/> part-time <input type="checkbox"/> at _____				
Are you interested in earning work experience credits: YES <input type="checkbox"/> NO <input type="checkbox"/>				
Identification				
Your "legal name" listed above must exactly match your name on your birth certificate or other vital statistics document.				
Birth Certificate is available: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, list other identification: _____				
Once your application has been reviewed by our Principal, a staff member will contact you.				
FOR OFFICE ONLY				
APPLICATION APPROVED: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: _____				
Career High Principal Signature: _____				