



Application for Pioneer Career and Technology Center
PARENTAL CONSENT FORM

Student's Name: _____ School District: _____

Parent/Guardian Name: _____ Phone: _____

First Choice Program: _____

Second Choice Program: _____

Third Choice Program: _____

Your responses to the questions below are an important part of the selection process. Please complete legibly.

Why are you applying for your first choice program? _____

If unable to be placed in your first choice program, why would you like to be considered for your second choice program? _____

What are your hobbies, extracurricular, and leisure time activities? _____

What does your work experience include? _____

I have discussed this application with my child and give my permission for the application to be processed.

Parent Signature/Date

Student Signature/Date