

# BOULDER CTEC ENROLLMENT FORM

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student ID #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last (please print) First Middle

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(must have street address)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different than above)

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Primary Parent/Guardian #1:      \*\*This Parent/Guardian is the one with whom the student lives PRIMARILY\*\***

Relationship: Mother    Father    Legal Guardian/Other  
Last Name First Name

Street Address City State Zip

Home Phone Work Phone Ext. Email Address

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I want to enroll in the following technical program based on my understanding of program requirements and prerequisites, my interest, aptitude and recommendation from my counselor. Please write ONE program choice only. Course numbers with letters are 2 or 3 semesters in length.

Boulder CTEC Course Name and Number: \_\_\_\_\_ Session: AM \_\_\_\_\_ PM \_\_\_\_\_

Fall Semester 2012 \_\_\_\_\_ Spring Semester 2013 \_\_\_\_\_



Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR

Counselor Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is this student currently enrolled    Yes    No

Current High School: \_\_\_\_\_

Current Grade Level:    9th    10th    11th    12th

Number of credits earned \_\_\_\_\_ as of this date: \_\_\_\_\_

Is this student on track to graduate with their class?    Yes    No

Enter the letter grade earned in the following prerequisites:

Alg 1A \_\_\_\_\_ Alg 1B \_\_\_\_\_ LA 9A \_\_\_\_\_ LA 9B \_\_\_\_\_

Computer Apps \_\_\_\_\_ (if not taken, needs to be enrolled)

Greenhouse, Health Science and Water Science applicants,  
please enter letter grades for: Bio A \_\_\_\_\_ Bio B \_\_\_\_\_

Does this student have a 504 Plan?    Yes    No  
(if yes, attach a copy in a secured envelope)

Does student have a current IEP?    Yes    No  
(if yes, have Case Manager section completed)

## TO BE COMPLETED BY THE CASE MANAGER

Case Manager Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Will this student be enrolled in the 18-21 pgm?    Yes    No

Do PSO goals match this CTEC pgm. placement?    Yes    No  
(Please attach the PSO goals to this application)

CTEC Counselor: \_\_\_\_\_

Date: \_\_\_\_\_

**Arapahoe Campus**  
**6600 Arapahoe Ave**  
**Boulder, CO 80303**

**Phone: 720-561-5220**  
**Fax: 720-561-5216**

*Application will be returned if not fully completed*