

MASSACHUSETTS TECH PREP (Consortium Name)



STUDENT REGISTRATION FORM

FOR SCHOOL USE ONLY	Student ID Number (SASID preferred)
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HIGH SCHOOL

First Name	<i>Middle Name</i>		
Last Name			
Street Address			
City			
State	Zip Code		
Home Phone ()			
E-mail Address			

<i>Locally-Assigned Student ID #</i>	
<i>Social Security Number</i>	
<i>State ID Number (SIMS/SASID)</i>	
<i>Date of Birth</i>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
H.S. Year of Graduation	

TECH PREP CAREER/TECHNICAL EDUCATION CHOICE

FIELD OF STUDY: <small>VOCATIONAL STUDENTS WRITE IN YOUR SHOP; ALL OTHER STUDENTS CHOOSE A PROGRAM FROM THE LIST BELOW</small>	
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- | | | |
|---|--|---|
| <input type="checkbox"/> Arts & Media
1000 Communications Technology
5000 Visual & Performing Arts | <input type="checkbox"/> Education/Human Services/Government
1900 Early Childhood
4300 Criminal Justice and Corrections
1300 Education
4400 Public Administration and Social Services | <input type="checkbox"/> Environmental/Natural Resources/Agriculture
0100 Agricultural
0300 Natural Resources Conservation |
| <input type="checkbox"/> Business/Finance/Entrepreneurship
0800 Marketing
2003 Wholesale/Retail Sales & Services
5209 Hospitality Administration/Management
5208 Finance
5200 Business & Office Occupations
2002 Vocational Home Economics
1204 Cosmetology
1205 Culinary Arts | <input type="checkbox"/> Engineering/Manufacturing/Construction
2100 Technology Education
4600 Construction Occupations
4800 Precision Production
4900 Transportation (Air, Ground, Marine)
1100 Computer Technology
1500 Engineering Technology
4700 Mechanic & Repair Technology | <input type="checkbox"/> Health
5100 Health Services |

INTENDED COLLEGE PROGRAM/PATHWAY COURSE:	
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I understand that the Tech Prep program is a sequential program of studies that culminates with a Certificate, an Associate Degree, or further post-secondary study. I give permission for my son/daughter to enter the Tech Prep program. I also give my permission to:

- The high school to forward a copy of this registration form and other relevant information to the appropriate college/consortium Tech Prep office(s) for student record-keeping and reporting purposes as required by the terms of the grant that funds the program.
- The college(s) to forward relevant records to the high school and/or the consortium office for feedback purposes.
- The consortium office, the high school, and the college(s) to provide information about my son/daughter's participation in this program to the Massachusetts Department of Education as needed to fulfill federal reporting requirements.

Student's Signature	Date
Parent/Guardian's Signature	Parent/Guardian's Name (please print) Date
Guidance Counselor/Site Coordinator's Signature	Guidance Counselor/Site Coordinator's Name (please print) Date

I give permission to the Tech Prep program to use photographs, digital images, or video footage of my son/daughter participating in activities in publications or other media, including electronic media, for the purposes of illustrating and promoting the benefits of the Tech Prep program.

Parent/Guardian's Signature	Date
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Request for Affirmative Action Data (Completion of the following is strictly voluntary.)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaska Native | Language spoken at home, if not English: _____ | |

COLLEGE ADMISSIONS COPY white (attach to college application)	HIGH SCHOOL COPY yellow	TECH PREP OFFICE pink	STUDENT COPY goldenrod
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The Massachusetts Tech Prep program does not discriminate on the basis of age, color, disability, national origin, race, religion, gender, or sexual orientation.

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