

Aviation Application Form

Home School _____
Social Security Number _____
STN _____
Student Cell # _____
Preferred Parent # to receive calls _____

Student Information:

Name _____ Birthdate ____/____/____
Mo Day Yr

Address _____ Sex ____ Current Grade ____
Street M-F

_____ Ethnicity _____
City State Zip

Student Personal email address: _____

Family Information:

Parent/Legal Guardian _____ Relation _____
(Guardian living with student)

Parent email address _____

Place of employment _____ Work phone _____

Parent/Legal Guardian _____ Relation _____

Place of employment _____ Work phone _____

Parent email address _____

Counselor Section:

Has this student passed English ISTEP? Yes ____ No ____; Math ISTEP? Yes ____ No ____

Is this student receiving Special Education Services? Yes ____ No ____

If yes, what is the Student's disability? _____

Counselor's signature _____