



East Valley Institute of Technology – Returning Student

**PLEASE SUBMIT CURRENT UNOFFICIAL TRANSCRIPT WITH THIS FORM**

**Student Information:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Current Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Current Grade: 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_ Under 22 yrs old \_\_\_\_\_ 22 yrs old and over \_\_\_\_\_

Home High School: \_\_\_\_\_

New Program of Choice: \_\_\_\_\_

AM \_\_\_\_\_ PM \_\_\_\_\_

Current Program: \_\_\_\_\_

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

(If Student is under 18 years old)

**For EVIT Staff:** Main \_\_\_\_\_ East \_\_\_\_\_ Provisional: Y N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program: \_\_\_\_\_ Section # \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ EVIT ID# \_\_\_\_\_ Audit \_\_\_\_\_ Credit \_\_\_\_\_ SAIS#: \_\_\_\_\_

Approved by: \_\_\_\_\_ Entered in PowerSchool by: \_\_\_\_\_