

East Valley Institute of Technology - ENROLLMENT APPLICATION

EVIT – MAIN CAMPUS

EVIT – EAST CAMPUS

1601 W. Main Street, Mesa, AZ 85201

6625 S. Power Road, Mesa, AZ 85212

DATE: _____

Ph: 480-461-4000

Fax: 480-461-4169

STUDENT FIRST NAME _____ STUDENT MIDDLE NAME _____ STUDENT LAST NAME _____

STREET ADDRESS _____ APT/SUITE _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE # _____ STUDENT'S CELL PHONE # _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ GENDER: Male Female

HOME HIGH SCHOOL _____ HHS ID # _____ SAIS ID # _____

Legal Guardian: NAME _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____ DAYTIME TELEPHONE # _____

Legal Guardian: NAME _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____ DAYTIME TELEPHONE # _____

Is student a single parent? Yes No Does student or any family member receive any type of AFDC funds or WIC i.e., free lunch? Yes No

Current Grade Level:
 9 10 11 12

Graduation Year: _____

Previously Attended EVIT: Yes No
 Year Previously Attended: _____

Required to process your application:

- Current Transcript
- Attendance Record
- Standardized Test Scores (Terranova, Stanford-9, or AIMS)

STUDENT E-MAIL _____

PARENT/GUARDIAN E-MAIL _____

PARENT/GUARDIAN E-MAIL _____

Are you a U.S. Citizen? Yes No State Where Born: _____ Country Where Born: _____

Are you Hispanic or Latino? Yes No **If Yes, check White and other races that apply to you.**

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

What is the primary language spoken in your home? _____

Do parents/guardians of student enrolling speak and understand English? Yes No

If not, please list language they speak and understand: _____

DO YOU RECEIVE ANY OF THESE SERVICES:

ESL/ELL _____ Yes _____ No

IEP or SPECIAL ED _____ Yes _____ No

504 _____ Yes _____ No

COUNSELOR/CASE MGR: _____

Please answer these questions.

Student's Program Choice:

1st Program Choice _____ 2nd Program Choice _____

Fall (August – December) Spring (January – May)

EVIT Class Schedule: AM – 8:05 – 10:35 PM – 12:05 – 2:35

EVIT Cosmetology and Massage Therapy: AM – 7:00 – 11:00 PM – 12:00 – 4:00

How did you hear about EVIT? (Please check only one.)

Friend Counselor Facebook Presentation Newspaper Billboard

Tour Radio TV EVIT Expo Magazine

Other _____

THIS SECTION TO BE FILLED OUT BY EVIT PERSONNEL ONLY

HHS IN DISTRICT? Yes No HHS: Public Private Charter

Program: _____ Student's Start/Enter Date: _____

Teacher Name: _____ Interview Completed: _____

Fall Section #: _____ Spring Section #: _____ Provisional: Yes No Processed by: _____

AUDIT CREDIT If AUDIT, please make sure form is completed, signed and returned by date due according to handbook.

Entered into SASIxp by: _____ On Date: _____

	EVIT ID #	
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