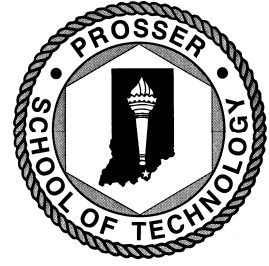


PROSSER SCHOOL OF TECHNOLOGY
 4202 Charlestown Road New Albany, IN 47150
 Phone: 812-949-4266 Fax: (812)-949-4260 www.Prossertech.org



2010-2011 INTENT-TO-ENROLL FORM

Print clearly in blue or black ink.

High School _____

Name _____

Address _____
Last First Middle City State Zip

Home phone#: (____) _____ Parent's/Guardian's Cell phone#: (____) _____

Birthdate _____ Social Security No: ____ - ____ - ____

Grade Level (2010-2011 school year) _____

Parent(s)/Guardian(s) with whom you live: _____

Father's/Guardian's Work Phone# (____) _____ Mother's/Guardian's Work Phone# (____) _____

Parent's/Guardian's Email Address: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____ Home or Cell Phone (____) _____

PROSSER CLASS CHOICE (Not all classes are offered in AM and PM. See your counselor.)

_____ AM _____ PM _____

Explain your career goal and how your Prosser class choice will help you to obtain this goal.
 (Student MUST complete this section.)

List the courses you have taken that prepared you for enrolling in your preferred Prosser program: _____

Future Educational Plans:

4-yr school 2-yr career college Military Apprenticeship Workforce Other

Recommendation (written statement *from someone other than a family member*):

