



# YOUTH OPTIONS APPLICATION

**Student:** Completion and submission of this form is required by CVTC. Talk to your school counselor about completing your school's particular application requirements. Complete a separate CVTC Youth Options Application for each semester of instruction and attach a high school transcript. (No transcript is needed for ITV or Charter Schools.) Complete Section I and the columns in Section II-A on page 2, sign the form if you are over 18 (if you are under 18, your parent/guardian must sign the form), and submit it to your school district contact person.

**School District:** Review the information submitted by the student under Section II-A. Complete the columns in Section II-B and all of Section III. Sign and return the form to CVTC, Admissions, 620 W. Clairemont Ave., Eau Claire, WI, 54701.

**SECTION I – STUDENT INFORMATION** PLEASE TYPE OR PRINT IN INK

<p>1. _____ Last Name                                      First Name                                      Middle Name</p> <p>2. _____ Former Last Name(s), if applicable</p> <p>3. _____ Permanent Address                                      Street or R.F.D. Box Number</p> <p>4. _____ City    State    Zip Code</p> <p>5. _____ Mailing Address, if different                                      Street or R.F.D. Box Number</p> <p>6. _____ City    State    Zip Code</p> <p>7. (_____) _____ - _____                                      (_____) _____ - _____ Phone Number    Other Phone Number</p> <p>8. _____ Parent/Guardian Name                                      Address if different from above</p>	<p>9. _____ - _____ - _____ Social Security Number <small>(SS# is voluntary and remains confidential; it is not used as identification.)</small></p> <p>10. Sex:    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p>11. Date of birth: ____ / ____ / ____</p> <p>12. U.S. Citizen:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>13. I am a legal resident of:  _____ <input type="checkbox"/> City    <input type="checkbox"/> Village    <input type="checkbox"/> Township (check one and write in name)</p> <p>14. _____ County    State</p> <p>15. _____ Name of High School District in which you reside</p>								
<p>16. Location/Campus where you will take classes:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Eau Claire Campus</td> <td><input type="checkbox"/> Menomonie Campus</td> <td><input type="checkbox"/> River Falls Campus</td> <td><input type="checkbox"/> Technology Charter School</td> </tr> <tr> <td><input type="checkbox"/> Chippewa Falls Campus</td> <td><input type="checkbox"/> Neillsville Center</td> <td><input type="checkbox"/> Your high school ITV or Distance Learning Room</td> <td><input type="checkbox"/> Health Academy – Students must be in grade 12 to participate</td> </tr> </table>		<input type="checkbox"/> Eau Claire Campus	<input type="checkbox"/> Menomonie Campus	<input type="checkbox"/> River Falls Campus	<input type="checkbox"/> Technology Charter School	<input type="checkbox"/> Chippewa Falls Campus	<input type="checkbox"/> Neillsville Center	<input type="checkbox"/> Your high school ITV or Distance Learning Room	<input type="checkbox"/> Health Academy – Students must be in grade 12 to participate
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<p>17. Semester applying for:    <input type="checkbox"/> Fall    <input type="checkbox"/> Spring    Year: _____    18. Highest Grade Completed:    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11</p> <p>19. Program Choices:    <u>  Youth Options  </u>    20. Month/year you plan to graduate from high school:    Month: _____    Year: _____</p>									
<p>21. High School Currently Attending: _____ City: _____                                      State: _____</p>									
<p>22. This information is voluntary and confidential. Your response will not affect admission to CVTC.</p> <p>Ethnic Group:    <input type="checkbox"/> American Indian/Alaskan Native    <input type="checkbox"/> Asian    <input type="checkbox"/> Pacific Islander    <input type="checkbox"/> Black, not of Hispanic origin  <input type="checkbox"/> Hispanic    <input type="checkbox"/> White, not of Hispanic origin    <input type="checkbox"/> Other</p>									
<p>23. Signature of Parent/Guardian, if student is under eighteen (18) (My signature authorizes CVTC to release course and grade information to the school district.)</p>	<p>Date Signed</p>								
<p>24. Signature of Student (My signature authorizes CVTC to release course and grade information to my school district.)</p>	<p>Date Signed</p>								

