

QUINCY AREA VOCATIONAL TECHNICAL CENTER  
HIGH SCHOOL STUDENT ENROLLMENT FORM

Home School \_\_\_\_\_

Grade Level \_\_\_\_\_  
(Freshman/Sophomore/Junior/Senior)

Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street/RR#) (City) (Zip code)

Birthdate: \_\_\_\_\_ Student ID # \_\_\_\_\_ Vocational Class \_\_\_\_\_  
(QAVTC)

Do you ride a bus: \_\_\_\_\_ Name of Bus Driver: \_\_\_\_\_

If you drive: Driver License # \_\_\_\_\_ Car Plate # \_\_\_\_\_

Parents/Guardian Name (Please list even if you are not living at home):

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

In case of sickness or an emergency who should be contacted. (Please list two or more)

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Can QAVTC provide email communication about your child's attendance, updates to the calendar and any additional information?

Yes  No

Parent Email(s): \_\_\_\_\_