

BENITO JUÁREZ COMMUNITY ACADEMY 2017-2018 School Year Application Form





Student Last Name		Student First Name
Student ID	Birth Date	Applying for Grade
	/	/ 9 10 11
Gender	Does your child hav	ve an IEP?
Male Female	Yes No	(if yes, please provide IEP)
Parent/Guardian Last Name		Parent/Guardian First Name
Address - Number Dir Street	Name	Street Type Apt #
City State	Zip Code	Student's Current School
Parent/Guardian Email Address		
Primary Phone		Other Phone
Indicate the program you are interested	d in:	
IB Program		N/A CTE Culinary Arts Program
General Program		N/A CTE Information Technology Program - Gaming
N/A CTE Architecture Program		N/A CTE Information Technology Program - Web Design
N/A CTE Automotive Technology Progra	ım	N/A CTE Medical and Health Careers Program
Signature of Parent/Guardian		Date
If applying to 9th grade, please submit	7th grade FINAL GRAD	DES and NWEA SCORES.
If applying to any other grade, please submit OFFICIAL TRANSCRIPT.		
FOR OFFICIAL USE ONLY		
Final Grades: Reading Math	Science Soc. Stu	udies NWEA Scores: Reading Math