

## SECTION 1: CTEC COURSE INFORMATION

**Semester Calendar:** June 10, 2019 – July 18, 2019

Classes are not in session: July 4, 2019

**Prerequisite: Applicant must be at least 16 years of age and/or a junior and senior in high school to receive ROP CTE credits.**

ARE YOU A NEW STUDENT TO THE CTEC PROGRAMS? ☐ YES ☐ NO, I AM A RETURNING STUDENT

WHICH COURSE(S) DO YOU WISH TO ENROLL IN? *ALL COURSES ARE SUBJECT TO CHANGE*

Course	Time	Days
<input type="checkbox"/> Automotive 101 Beginning <i>*Enrollment Meeting Required</i>	June 10-July 18 9:00am-1:00pm	Mon. through Thurs.
<input type="checkbox"/> Auto 102 Brakes & Systems	June 10-July 18 2:30pm-6:30pm	Mon. through Thurs.
<input type="checkbox"/> Ceramic Manufacturing	June 10-July 12 9:00am-1:00pm	Mon. through Fri.
<input type="checkbox"/> Ceramic Manufacturing	June 10- July 12 2:30pm-6:30pm	Mon. through Fri.
<input type="checkbox"/> Culinary	June 10- July 18 9:00am-1:00pm	Mon. through Thurs.
<input type="checkbox"/> Water Distribution Grade 1 Test Prep <i>*Prerequisite Completion Water Distribution A/B Course</i>	June 10- June 27 8:30am-12:30pm	Mon. through Thurs.

## SECTION 2: STUDENT INFORMATION

STUDENT'S LAST NAME	STUDENT'S FIRST NAME
ADDRESS	CITY Zip
EMAIL	CELL PHONE
DATE OF BIRTH	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> Prefer not to say Other _____
SCHOOL NAME	CURRENT GRADE <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
SCHOOL COUNSELOR	COUNSELOR'S EMAIL

STUDENT SIGNATURE: **X** DATE \_\_\_\_\_

## SECTION 3: EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT #1	PHONE	RELATIONSHIP
EMERGENCY CONTACT #2	PHONE	RELATIONSHIP

ALLERGIES/REMARKS \_\_\_\_\_

#### SECTION 4: DEMOGRAPHIC INFORMATION

The demographic information requested below will be used when applying for grants to support CTEC, a program of The Learning Centers at Fairplex. Your response is voluntary and has no bearing on your being accepted into a CTEC class, but will be extremely helpful in securing necessary funding to keep the CTEC program at low cost to its students.

1. PLEASE SPECIFY YOUR ETHNICITY.

- ☐ AFRICAN AMERICAN/BLACK    ☐ ASIAN    ☐ HISPANIC/LATINO    ☐ NATIVE AMERICAN  
☐ PACIFIC ISLANDER    ☐ WHITE/CAUCASIAN    ☐ OTHER: \_\_\_\_\_

2. WHAT IS YOUR TOTAL HOUSEHOLD INCOME?

- ☐ Less than \$25,000    ☐ \$35,000 to \$49,999    ☐ \$75,000 to \$99,999    ☐ \$150,000 or more  
☐ \$25,000 to \$34,999    ☐ \$50,000 to \$74,999    ☐ \$100,000 to \$149,999

#### SECTION 3: PARENT/LEGAL GUARDIAN PERMISSION

I (Parent/Legal Guardian of Student), by signing below, give permission for my child to enroll in the selected course(s) (see Section 1) through the Career & Technical Education Center (CTEC) at Fairplex.

PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE: **X** \_\_\_\_\_

DATE \_\_\_\_\_

Would you like to be included on the CTEC mailing list and receive information regarding future courses at the Fairplex?

☐ YES    ☐ NO

#### PLEASE SUBMIT COMPLETED FORM TO ONE OF THE FOLLOWING:

Email: CTECapps@fairplex.com

Fax: (909) 865-4080

Mail: Fairplex, Attn: CTEC 1101 W. McKinley Ave. Pomona, CA 91768