

Health Career Quest 2019 - Registration Form
July 22-July 26, 2019

Student Name: _____ **Date of Birth:** _____

Address (town, state, zip code) _____

Phone: _____ **Email:** _____ **The best way to reach me is by (choose) Phone () Email ()**

What grade are you entering in the Fall, 2019: _____

If you will attend a post-secondary program, check the appropriate type:

Trade School () College ()

School Name: _____

Are you Hispanic, Latino/a, or Spanish origin, please check one: No () or Yes () and see below.

Hispanic () Latino/a () other Spanish origin () please state: _____

What is your race? (check all that apply)

Black or African American () American Indian or Alaska Native ()

Asian: Chinese, Filipino, Japanese, Korean, Asian Indian, Thai, Vietnamese ()

Asian (Other than above) () Please State: _____

Native Hawaiian or Pacific Islander () White () Unknown () More than one race ()

Do you have any dietary restrictions? _____

Will you need bus transportation? Yes() No ()

If yes, from which school? Central High School () West High School () Memorial High School ()

Which Days? Monday () Tuesday () Wednesday () Thursday () Friday()

Student: _____

(student must be 18 or older to sign) OR

Parent/Guardian: _____