

## MASON COUNTY CAREER MAGNET SCHOOL

### Student Application Form

Name: \_\_\_\_\_ High School: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ KY Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Best Number to Reach Parent/Guardian: \_\_\_\_\_ Alternate #: \_\_\_\_\_

#### PROGRAMS OFFERED

- |   |   |
|---|---|
| <input type="checkbox"/> Automotive Technology                        | <input type="checkbox"/> Health Science (Pre-Nursing) |
| <input type="checkbox"/> Industrial Maintenance Technology (Electric) | <input type="checkbox"/> Construction Technology      |
| <input type="checkbox"/> Computerized Manufacturing (Machine Tool)    | <input type="checkbox"/> Welding Technology           |

#### INDICATE THE PROGRAMS YOU WISH TO ENROLL (Please select your top 3 choices)

Choice 1: \_\_\_\_\_ Choice 2: \_\_\_\_\_ Choice 3: \_\_\_\_\_

What is your reason for wanting to enroll in this program? (Note: You will ONLY be selected for ONE program.)

What are your plans after high school?

#### References: (Someone NOT related to you)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (optional): \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE  
(For School Use Only)**

Days absent in the current year: \_\_\_\_\_ Number of Failed Classes: \_\_\_\_\_ Student GPA: \_\_\_\_\_