UNIVERSITY OF ARKANSAS
East Arkansas
COMMUNITY COLLEGE

SECONDARY CAREER CENTER ENROLLMENT FORM

Student's Name: _____

UAEACC Student ID#: _____Date of Birth: _____

Address: _____

Cell Phone Number: _____

Parent/Guardian Name and Phone Number: _____

High School Attending: _____ Grade entering Fall: _____

Students who have had major behavior incidents/issues within the past year? Yes ____ No ____

Program of Study (Check One):

_____ Automotive Service Technology _____ Diesel Service Technology _____ Industrial Service Technology

_____ Auto Body Repair _____ Refrigeration & Heat Exchange Technology _____ Welding Technology

_____ Medical Professions _____ Practical Nursing (12th graders only who has completed 1 or 2 years of MedPro)

_____

Student's Signature Date

_____

Parent's/Guardian's Signature Date

_____

Principal's Signature Date

This form must be completed, signed, and returned to UAEACC Early College and Career Office at the time of registration. ESCC enrollment is subject to school district policy/approval. For any questions please contact:
Vermarsha Stewart, Director of ESCC (870)-633-4480 ext. 296 or vstewart@uaeacc.edu