East Valley Institute of Technology • Phone: 480-461-4000 • www.evit.com

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION: • CURRENT UNOFFICIAL TRANSCRIPT • ATTENDANCE RECORD OR ATTENDANCE POINTS AWARDED* • Discipline Record or Discipline Points Awarded* • PROOF OF Age (IF BIRTHDATE IS NOT ON TRANSCRIPT) • PROOF of IMMUNIZATIONS • STANDARDIZED TEST SCORES ONLY IF GPA IS BELOW PROGRAM MINIMUM (AIMS, STANFORD 10, ETC.)**										
STUDENT INFORMATION (PLEASE PRINT LEGIBLY-BLUE/BLACK INK ONLY): TODAY'S DATE:										
First Name		Middle Na	me	Last Name		ime		Date of Birth		
Student Phone Number		Student's Email Address (MOST FREQUENTLY CHECKED – Write Legibly – Acceptance email will be sent here)								
Street Address		Apt./Suite		City		State		Zip Code		
Primary Phone Number						SI	tate of Birt	th		Country of Birth
If student is under 18: PLEASE <u>PRINT</u>	Parent/Leg	gal Guardian Name			Daytim	ne Phone Number	r		Parent/Gua	ardian E-Mail Address
	, ,	gal Guardian Name				ne Phone Number			,	ardian E-Mail Address
Name of HOME HIGH SCHO)OL(HH3)				n	HS COUNSELOR 1	RINIED INAW	ME:		
HHS COUNSELOR EMAIL:	ONTACT I	NFORMATION WILL	BE US	ED TO NOT	TIFY OF	HHS COUNSELO STUDENT REC	R SIGNATU	J RE: DATES ACCEPTA	NCE/STATU	JS/ETC.
Gender: M ,	/ F	Grade Level:		10	0 / 1	1 / 12	G	Graduation Year:		20
Are you Hispanic or Latino? YES	G / NO	Race (circle all that white and/or ot								or African American / other Pacific Islander
Are you currently a		Check box if you are currently:								
ward of the state? YES	S/NO	/ NO Staying in a public place of any kind Sharing housing due to economic hardship								
Does student or any family type of AFDC funds or W			NO	ls the stuc single par		YES / NO		s student have a nt in the military?		YES / NO
What is the primary language	ge spoken	in your home?			What	t is the languag	e most oft	ten spoken by th	e student?	
What is the languag	e the stude	ent first acquired?								
PRIOR TO SELECTING, PI	LEASE RE	VIEW THE COURSE	CATA	LOG FOR /	AVAILAE	BILITY				
CAMPUS PREFERENCE (circ	cle one):	MAIN (Main St./Alm	1a Sch	iool Rd.)	EAST (P	ower Rd./Peco	s Rd.)	APACHE JCT		FOUNTAIN HILLS
PROGRAM CHOICE: 1ST	CHOICE:					2 ND CHOICE:				
EVIT SCHEDULE PREFEREN	CE:									
Standard Schedule	Cabadulo D			AM 8:05-2	10:35			□ PM 12:05-2 □ PM 12-4	2:35	
Cosmetology or Aesthetics Schedule Preference(s): 1-Year Massage Therapy (See Pre-Requisites)				AM 7-11 AM 7-11				□ PM 12-4 □ PM 12-4		
1-Year Medical Assistant (Se				AM 7-11 AM 7-11				□ PM 12-4		
PARENT/GUARDIAN SIGNATURE (Student under 18): STUDENT SIGNATURE:										
*ATTENDANCE POINTS AWARDED AND DISCIP	PLINE POINTS AW	WARDED ARE DETERMINED USING E	EVIT's Am		ISCIPLINE SC				LINE RECORDS AR	E NOT PROVIDED, THE
COMPLETED ATTENDANCE AND DISCIPLIN **STANDARDIZED TEST SCORES (AIMS OR S					MUM GPA F		м			
 CAMPUS OF CHOICE IS NOT GUARANTEED. 								ST OF PROGRAMS PER CAN	MPUS, PLEASE VIS	SIT EVIT.COM
This section to be filled out by EVIT Personnel:				Provisional:				∘ Yes		oNo
Program:							Campus:	∘ Main		○ East
Teacher:								∘ AJ		○ FH
Course/Sect #:										
Student Entry Date:						State ID Nu	umber:			
Entered into PowerSchool by/Da	ate:					EVIT ID Num	nber:			

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EVIT Attendance and Discipline Scoring Rubric

Attendance* (6 unexcused tardies = 1 unexcused absence)

- 0-2 unexcused absences 3 points
- 3-5 unexcused absences 2 points
- 6-9 unexcused absences 1 point
- 10 or more unexcused absences 0 points
- *In the most recent year of school



Discipline** (5 non-suspension incidents = 1 day suspended)

0-4 non-suspension incidents
1-4 days suspended
5-9 days suspended
1 point

10 or more days suspended 0 points

**In the most recent year of school

Students with more than 3 total points will be admitted if they meet minimum GPA requirements or demonstrate academic ability through standardized test scores and meet other program requirements, if any. Students with 3 or fewer total points will not be admitted, even if the student meets other program requirements.

Student Name: _____

High School:

Attendance Points Awarded:

D			
Discipline	Points	Awarded:	_

Total Points Awarded: _____

Completed by:

Name (Counselor)

Signature

Date