



STEDY ADMISSION APPLICATION

Student's First Name	MI	Last Name	Date of Birth
Physical Address	City, State, Zip Code		Student Phone Number
Mailing Address (if different)	City, State, Zip Code		Student Lives With
Student E-mail Address	High School ID Number		Anticipated Graduation Date

High School Counselor _____ **Student SAIS Number** _____
(you may obtain this number from your counselor)

Home High School

- | | | |
|---|---|--|
| <input type="checkbox"/> Antelope Union High School | <input type="checkbox"/> Kofa High School | <input type="checkbox"/> Yuma Catholic High School |
| <input type="checkbox"/> AzTec High School | <input type="checkbox"/> San Luis High School | <input type="checkbox"/> Online School |
| <input type="checkbox"/> Cibola High School | <input type="checkbox"/> Vista High School | <input type="checkbox"/> Private/Charter School |
| <input type="checkbox"/> Gila Ridge High School | <input type="checkbox"/> Yuma High School | <input type="checkbox"/> Homeschooled |

Please select the STEDY program in which you would like to participate.

- | | | |
|--|--|--|
| <input type="checkbox"/> Ag Science & Technology | <input type="checkbox"/> Animation (2D & 3D) | <input type="checkbox"/> Software Development (Coding) |
| <input type="checkbox"/> Manufacturing Technology | <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Pre-Engineering (Drafting) |
| <input type="checkbox"/> HVAC (Air Conditioning/Heating) | <input type="checkbox"/> Electrical Technology | <input type="checkbox"/> Solar Technology |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Community Healthcare Worker | <input type="checkbox"/> Cyber Criminology |

Special Accommodations

Is the Student eligible for special education and related services? Yes No

If yes, please provide a copy of the Student's current Individualized Education Program (IEP).

Please indicate if your child has any of the following health conditions.

- | | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Vision (Glasses/Contact) |
| <input type="checkbox"/> Allergies (specify) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | |
| <input type="checkbox"/> Endocrine Disorder | <input type="checkbox"/> Migraines | <input type="checkbox"/> Hearing/Ear Disorder | |

List any treatments, including medication(s) taken:

Emergency Contact Name

Relation

Phone Number

Parent E-mail Address

Mailing Address (if different)

Home/Mobile Phone

Parent/Guardian Name

Parent/Guardian Signature

Date

T-Shirt Size

- Adult Small
- Adult Medium
- Adult Large
- Adult XL
- Adult XXL

How did you hear about STEDY?

- School Counselor/Teacher
- Friend
- STEDY Presentation
- Social Media
- STEDY Flyer/Poster
- Other _____

FOR STEDY OFFICE USE