



**PART 3: ACADEMY PROGRAM SELECTION**

Please indicate the students' 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice in the line next to the course names. A minimum number of students will be required to run each section.

**Main Campus—Mount Vernon**

- Culinary Arts
- Animation & Graphic Design
- Applied Medical Science
- Dental Careers
- High School Health
- Money & Business
- Veterinary Assisting
- Video Game Development

**PART 4: PARENT/GUARDIAN AND EMERGENCY INFORMATION**

Parent  Guardian \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
First Last  
 Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Parent/Guardian Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Parent/Guardian Email \_\_\_\_\_

Parent  Guardian \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
First Last  
 Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Parent/Guardian Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Parent/Guardian Email \_\_\_\_\_

How will your student be transported to and from Summer Session? \_\_\_\_\_

Additional adults authorized to pick up my student: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Person: Name \_\_\_\_\_ Phone # \_\_\_\_\_

By signing my signature below, I certify that the information is correct and confirm my student's application to attend the NCTA Summer Session program. I understand that this application does not guarantee enrollment. I authorize the Northwest Career & Technical Academy: to use my student's processing and identifying records routinely associated in all reports at local and state levels; to obtain my student's photo and/or statements as they relate to the mission of the Academy, and/or to the aid in the success and promotion of career & technical education.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Mount Vernon School District does not discriminate in employment, programs, or activities on the basis of age, race, color, national origin, creed, religion, sex, sexual orientation, gender expression, gender identity, honorably discharged veteran or military status, or the presence of any sensory, mental or physical disability or use of a trained guide dog or service animal by a person with a disability and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Civil Rights Compliance Coordinator/HIB Coordinator, Jon Ronngren, Director, 124 E. Lawrence Street, Mount Vernon, WA 98273 (360)428-6110; Section 504/ADA Coordinator, Clint Carlton, Executive Director/Student Support Services, 920 S. Second Street, Mount Vernon, WA 98273, (360)428-6141

<b>ACADEMY USE ONLY</b>	<input type="checkbox"/> 2024-25 Enrolled	Program Placement
Date Received: _____	<input type="checkbox"/> Consortium District Member	: _____
	<input type="checkbox"/> Alternative Selection Given	
	<input type="checkbox"/> Gender Balance <input type="checkbox"/> Grade Balance	<input type="checkbox"/> Student Confirmation Sent
		<input type="checkbox"/> Skyward Entered