

Return to:  
John Marshall Counseling Office  
Due Date:  
March 13, 2020

**STUDENT APPLICATION FORM  
JOHN MARSHALL HIGH SCHOOL**

Name \_\_\_\_\_ Grade \_\_\_\_\_

WVEIS Number \_\_\_\_\_ High School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Number \_\_\_\_\_

Best Number to Reach Parent/Guardian \_\_\_\_\_

**Blocked Programs Offered**

**AUTO COLLISION REPAIR – AUTO TECHNOLOGY – BROADCASTING COMMUNICATIONS TECHNOLOGY –  
CAREERS IN EDUCATION – COMPUTER-AIDED DRAFTING – COMPUTER IT REPAIR/NETWORKING –  
MACHINE & TOOL TECHNOLOGY – PROSTART – THERAPEUTIC SERVICES – WELDING TECH.**

*Indicate in Which Programs You Wish to Enroll (Please List Your Top 2 Choices)*

*You will only be selected for one Blocked Program.*

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

**Non-Blocked Programs Offered**

**ACCOUNTING – BUSINESS – CONSTRUCTION – HOME MECHANICS – MARKETING – PLANT SYSTEMS**

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

**You may select both blocked and non-blocked programs if you wish, you are not required to choose a program from each type.**

What are your plans after high school? \_\_\_\_\_

Reference: Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Someone Not Related to You)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Someone Not Related to You)

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

*Non-Discrimination: This Company prohibits discrimination against or harassment of any person employed by or seeking employment with the CTE program because of race, creed, religion, or national origin or because of age, physical or mental disability, or sex.*

**(For School Use Only)**

Student GPA \_\_\_\_\_ Days Absent in Current Year \_\_\_\_\_ Number of Failed Classes \_\_\_\_\_