

GEORGE T. BAKER AVIATION SCHOOL

SHARED TIME STUDENT APPLICATION & EMERGENCY CONTACT INFORMATION

FOR OFFICE USE ONLY A.M. _____ P.M. _____

NEW student to GTB _____ RETURNING student to GTB _____

STUDENT ID#	LAST NAME	FIRST	MIDDLE INITIAL
ADDRESS		AGE	SEX
DATE OF BIRTH			
CITY		ZIP CODE	
PHONE		SOCIAL SECURITY#	
HOME SCHOOL	CAREER OBJECTIVE	GRADE	
Courses offered: Please check one _____ Aerospace Technology _____ Aircraft Technician _____ Electronic Technology			
Parents: I have discussed the above application with my son/daughter, read the course content, and hereby give my permission for him/her to apply for entry to George T. Baker Aviation School. I understand that the occupational programs are for one, two, and/or three years in length. Signing this application commits a student for a period of one school year. Credits are awarded only on an annual basis and cannot be granted if successful completion does not occur.			
_____ SIGNATURE OF STUDENT		_____ SIGNATURE OF PARENT	
MUST BE COMPLETED BY HOME SCHOOL GUIDANCE COUNSELOR:			
COMMENT: _____ _____			
		Recommended _____ Not Recommended _____	
_____ COUNSELOR'S NAME		_____ SIGNATURE	
NOTE: Please complete reverse side - both sides must be completed before application is accepted.			

EMERGENCY CONTACT INFORMATION

Occasionally an accident or extreme illness of a student makes it necessary for school personnel to contact the parent to get permission for emergency referral. Additional data is needed in case of an emergency illness of your child. The legal responsibility for medical and transportation expense incurred on behalf of your child is a parental one.

<i>Father's Name</i>	<i>Place of employment</i>	<i>Position</i>	<i>Phone at work</i>
<i>Mother's Name</i>	<i>Place of employment</i>	<i>Position</i>	<i>Phone at work</i>

IF PARENT CANNOT BE REACHED, WHOM SHOULD WE TRY TO CONTACT?

<i>Name</i>	<i>Relation to student</i>	<i>Address</i>	<i>Phone at work</i>
<i>Name</i>	<i>Relation to student</i>	<i>Address</i>	<i>Phone at work</i>
<i>Family Doctor</i>	<i>Phone</i>	<i>Hospital Preference</i>	<i>Phone</i>

Student health data which should be known in an emergency:

AUTHORIZATION FOR RELEASE OF STUDENT FROM SCHOOL: List below those persons authorized to take your son/daughter from school during the school day.

AUTHORIZED

NOT AUTHORIZED

Your son/daughter will be receiving a student handbook explaining rules and regulations of George T. Baker School. Please familiarize yourself with the handbook and/or contact a counselor at George T. Baker Aviation School for further information or clarification at 871-3143.

<i>Parent's signature</i>	<i>Date</i>
---------------------------	-------------