 

**Galveston Career Connect & Grow Your Own**

**EARN AND LEARN FOR LIFE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2022-2023 Student Application | | | | | | | | | | | | | | | | | | |
| Student Name: | | |  | | | |  | |  | | | | | | | | | |
|  | | | First Middle Last | | | | | | | | | | | | | | | |
| Student ID: | | |  | | | | | Grade: | |  | Date of Birth: | | | |  | | | |
| Gender: | | Male Female | | | Ethnicity: | Hispanic or Latino Not Hispanic or Latino | | | | | | | | | | | | |
| **circle one** | | | | | **circle one** | | | | | | | | | | | | | |
| Race: | Black/African American White Asian  American Indian/ Native Alaska Native Hawaiian/Other Pacific Islander | | | | | | | | | | | | | | | | | |
| **circle one** | | | | | | | | | | | | | | | | | | |
| Ball HS Community: | | | STEM Biomed/Allied Health Media/Digital Technology Innov. & Entrepreneurship | | | | | | | | | | | | | | | |
| Home Address: | | | **circle one** | | | | | | | | | | | | | | Apt. No.: |  |
| **Street, City, State, Zip Code** | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | | | | Apt. No.: |  |
| If different from above | | | **Street, City, State, Zip Code** | | | | | | | | | | | | | | | |
| Student phone: | | |  | | | | | | | Home Phone: | | |  | | | | | |
| Parent Name: | | |  | | | | | | | Parent Work Phone: | | | |  | | | | |
| Student e-mail: | | |  | | | | | | | Parent e-mail: | |  | | | | | | |
| GCC Pathway desired: | | | EMT HVAC/R | | | Patient Care Tech | | | Hotel Management Future Teacher | | | | | | | | | |
|  | | | **circle one** | | | | | | | | | | | | | | | |
|  | | | IT/ Computer Science | | | | Welding | | Electronics/Instrumentation Engineering/Robotics | | | | | | | | | |
|  | | | **circle one** | | | | | | | | | | | | | | | |
| The signatures below indicate our commitment to: (1) meet all program expectations (e.g., internships, job-shadowing, employer seminars/visits, job fairs, soft–skills trainings, and service learning obligations); and, (2) regularly check the Remind APP for updates and information about the GCC program. Additionally, we grant permission for GISD and their contractors to collect data regarding this student both during high school and after graduation in order to meet the requirements of the GCC Grant; and we agree to allow GCC to use photos and videos the student appears in for publicity. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Student Signature: | | | |  | | | | | | | | Date: | | | |  | | |
| Parent Signature: | | | |  | | | | | | | | Date: | | | |  | | |

Contact Information: Ball High School Room 1110B (409) 761-3915





**Galveston Career Connect & Grow Your Own**

**Sabiduría de Por Vida**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2022-2023 Solicitud Estudiantil | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del estudiante: | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |
|  | | | | | | | | | | **Primero** | | | | | **Segunda** | | | | | | | | **Apellido** | | | | | |
| No. de identificación del estudiante | | | | | | | | | | |  | | | Grado: | | | |  | Fecha de nacimento: | | | | | |  | | | |
| Género: | | Masculino Femenino | | | | | | | | | | Etnicidad: | | | | | Hispano Latino No Hispano o Latino | | | | | | | | | | | |
| **círcula uno** | | | | | | | | | | | | **círcula uno** | | | | | | | | | | | | | | | | |
| Raza: | Black/African American White Asian  American Indian/Alaska Native Hawaiian/Other Pacific Islander | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **círcula uno** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ball HS Community: | | | STEM Biomedical/Allied Health Media/Digital Technology Innovation & Entrepreneurship | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domicilo: | | | |  | | | | **círcula uno** | | | | | | | | | | | | | | | | | | | Numero de Apt.: |  |
|  | | | | **Calle, Cuidad, Estado, Código Postal** | | | | | | | | | | | | | | | | | | | | | | |  | |
| Dirección de envio: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Numero de Apt.: |  |
| Sí es diferente | | | | | | | | **Calle, Cuidad, Estado, Código Postal** | | | | | | | | | | | | | | | | | | | | |
| Telefono estudiante: | | | | | | |  | | | | | | | | | Teléfono de su casa: | | | | |  | | | | | | | |
| Nombre del padre: | | | | | | |  | | | | | | | | | Teléfono de los padres: | | | | | | | |  | | | | |
| Correo electrónico del estudiante: | | | | | | |  | | | | | | | | | Correo electrónico de los padres: | | | | | |  | | | | | | |
| Vía desea: | | | | | | Ingeniería | | | | | | | Técnico de Atención al  Gestión Hotelera Paciente | | | | | | | | | Tecnico en Emergencias Médicas | | | | | | |
|  | | | | | **círculo uno** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Tecnología Informática | | | | | | | | HVAC/R Soldar Futuro Maestro | | | | | | | | | Electrónica/Instrumentacion | | | | | | |
|  | | | | | **círculo uno** | | | | | | | | | | | | | | | | | | | | | | | |
| Las firmas en la parte abajo indica nuestro compromiso: (1) Cumplir con todas las expectativas del programa (por ejemplo, las pasantías, actividades profesionales, seminarios patronales, ferias de empleo, cursos de habilidades blandas, y las obligaciones de servicio de aprendizaje). (2) Revise frecuentemente la aplicación REMIND para información actualizada sobre el programa. Concedemos permiso a GISD y sus afiliados para recopilar datos relativos a este estudiante, tanto durante la escuela preparatoria al igual que después de la graduación con el fin de cumplir con los requisitos de la subvención de GCC; y permitir que GCC use las fotos y videos en los cuales aparecen los estudiantes, con el propósito de publicidad. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firma del estudiante: | | | | | | | | |  | | | | | | | | | | | Fecha: | | | | | |  | | |
| Firma de los padres: | | | | | | | | |  | | | | | | | | | | | Fecha: | | | | | |  | | |

Información de contacto Ball High School Aula 1110B (409) 761-3915