



# Fred W. Eberle Technical Center Secondary Student Application

Name: \_\_\_\_\_ WVEIS Number: \_\_\_\_\_ High School: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Best number to reach Parent/Guardian: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

### Programs Offered

Allied Health (Med. Asst./Phlebotomy)	Automotive Technology	Carpentry
Computer Repair Technology	Collision Repair Technology	Cosmetology
Diesel Technology	Electrical Technology	Robotics
Therapeutic Services (CNA)	Welding Technology	

*INDICATE IN WHICH PROGRAMS YOU WISH TO ENROLL (Please pick your top 3 choices)*

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

Choice 3: \_\_\_\_\_

What is your reason for wanting to enroll in your first choice? (Note: You will only be selected for 1 program)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Someone not related to you)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Someone not related to you)

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

DO NOT WRITE BELOW THIS LINE

(For School Use Only)

Student GPA: \_\_\_\_\_ Days absent in current year: \_\_\_\_\_ Number of failed classes: \_\_\_\_\_

*As required by federal laws and regulations, Fred W. Eberle Technical Center Administrative Council does not discriminate on the basis of sex, race, religion, disability, age, and national origin in employment and in the administration of any of its education programs and activities For inquiries contact: Rebecca Bowers-Call, Title IX Director and 504 Coordinator, 208 Morton Avenue, Buckhannon, WV 26201, 304.472.1259 or [rebecca.bowers@k12.wv.us](mailto:rebecca.bowers@k12.wv.us).*