

Program Application

“EXPLORE YOUR FUTURE AT McCANN”

1. Please print all information.
2. You and your parent/guardian must sign the application
3. Please return by November 23, 2010. The first 130 in-district students will be accepted. Non-residents will be accepted on a space available first-come, first-served basis.
4. A copy of the McCann Emergency Form (attached) MUST be included with this application form.

STUDENT INFORMATION

Name: _____
(Initial) (Last) (First)

Town of Residence: _____

Address: _____
(House/Apt. Number) (Street)

Mailing Address _____

School Now Attending: _____

Current Grade: _____

Date of Birth: _____ Male _____ Female _____

Parent/Guardian Name: _____

(Parent/Guardian Signature)

(Student Signature)