



Alpine School District ~ Career & Technical Education
Building Youth Institute
Registration

Name _____ High School _____ Student ID # _____

Address _____ City/State/Zip _____

Date of Birth _____ Student E-mail _____

Social Security Number ____-____-____ Phone Numbers: Home _____ Cell _____

Select One: A.M. Program P.M. Program

Name of Parent/Guardian _____ Parent/Guardian E-mail _____

In case of emergency, please contact _____ Relationship to Student _____

Emergency Phone Numbers: Home _____ Work _____ Cell _____

Insurance Provider _____ Insurance Policy Number _____

Preferred Hospital _____

Student special needs that instructor must be aware of: _____

Medications that student is taking which instructor must be aware of: _____

Note: Balance, dexterity, strength, good hand/eye coordination and common sense are necessary attributes for this course.

This class is taught at a working construction site as the students, under the supervision of a licensed contractor, build a home.

The student must be able to lift at least 50 lbs. and climb ladders and scaffolding. The parent/guardian is responsible to provide transportation to the construction site.

Student Signature Date Parent/Guardian Signature Date

Please return this completed form to your school counselor.

~ For Office Use Only ~

North Home South Home

School Counselor: Return this form to Doug Golding at the District Office.