



**THE CENTER FOR
ADVANCED RESEARCH
AND TECHNOLOGY**

Late/Post Lottery

***Lottery Deadline: Feb.10, 2017**

STUDENT INFO.

STUDENT ID (High School ID)		
LAST NAME		
FIRST NAME		
EMAIL	CELL	
ADDRESS		
CITY	ZIP	PHONE
FATHER		
EMAIL	PHONE	
MOTHER		
EMAIL	PHONE	
SCHOOL DISTRICT	HIGH SCHOOL	
COUNSELOR		
CLASS OF	BIRTHDAY	GENDER
Describe why you would like to be a student at CART.		

COURSE OPTIONS

If no **AM/PM** choice is provided you will be placed in **PM**

Number your top three choices (1,2,3)

AM	PM	Lab Titles
	<input type="checkbox"/>	Biotechnology
	<input type="checkbox"/>	Biomedicine
	<input type="checkbox"/>	Business and Finance ROP
	<input type="checkbox"/>	Engineering and Product Dev. ROP
	<input type="checkbox"/>	Environmental Science and Field Research ROP
	<input type="checkbox"/>	Forensic Research and Biotechnology
	<input type="checkbox"/>	Hospitality and Event Management ROP
	<input type="checkbox"/>	Law and Order and Policy
	<input type="checkbox"/>	Marketing and Advertising ROP
	<input type="checkbox"/>	Multimedia - Digital Media and Graphic Design ROP
	<input type="checkbox"/>	Multimedia - Digital Video Production and Broadcast ROP
	<input type="checkbox"/>	Cybersecurity ROP
	<input type="checkbox"/>	Psychology and Human Behavior
	<input type="checkbox"/>	Robotics and Electronics ROP
	<input type="checkbox"/>	Web Application Development ROP

*AM Session 7:30-10:30 | PM Session 12:30 - 3:30

STUDENT - I would like to attend CART for the 2017/2018 school year.

Signature _____ Date _____

PARENT - I give permission for my son/daughter to attend CART for 2017/2018.
I give permission to release student information to CART.

Signature _____ Date _____

SPECIAL SERVICES

IEP 504 OTHER: _____

COUNSELOR - I have reviewed transcripts and attendance records and recommend enrollment at CART.
PLEASE ATTACH UPDATED STUDENT TRANSCRIPT

Signature _____ Date _____



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