



Fabens High School Cotton Valley ECHS / T-STEM / P-TECH Student Application



Complete online @ <https://tinyurl.com/FHS-Student-Application>

Student Last Name	Student First Name	ID #	Current Grade Level
Student Email Address		Current School	
Parent/Guardian Name		Parent/Guardian Address	
Parent/Guardian Phone #		Parent/Guardian Email Address	

The following questions have no bearing on acceptance into the program. They help inform how we can serve you better.

Do you have internet access at home? <div style="display: flex; justify-content: space-around;"> YES NO NOT SURE </div>	Do you have access to the following: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Cell Phone</td> <td style="width: 33%;">Computer/Laptop</td> <td style="width: 33%;">Tablet/iPad/etc</td> </tr> <tr> <td style="text-align: center;">YES NO</td> <td style="text-align: center;">YES NO</td> <td style="text-align: center;">YES NO</td> </tr> </table>	Cell Phone	Computer/Laptop	Tablet/iPad/etc	YES NO	YES NO	YES NO
Cell Phone	Computer/Laptop	Tablet/iPad/etc					
YES NO	YES NO	YES NO					
Will you be the first person in your family to earn a college degree? <div style="display: flex; justify-content: space-around;"> YES NO NOT SURE </div>	Do you currently have any of these support services? (Circle) IEP/SPED 504 Bilingual/English Learner Other _____						

Please place me on the priority list to be enrolled in the program I am choosing below (CHECK **ONE** BELOW):

<input type="checkbox"/> COTTON VALLEY EARLY COLLEGE HIGH SCHOOL PROGRAM	<input type="checkbox"/> FABENS HS T-STEM PROGRAM	<input type="checkbox"/> FABENS HS P-TECH DIESEL PROGRAM
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The following questions have no bearing on acceptance into the program. They help inform how we can serve you better.

Why do you want to be part of the Fabens HS program you chose above?
What hobbies or interests do you have outside of school?
Do you have any personal or family responsibilities we should be aware of?

Upon acceptance we grant permission for my child to enroll in the Fabens HS Program chosen above. We also grant permission for the school district to forward copies of all my child's school records.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Out of district students must complete a transfer application as well*