



Seacoast School of Technology

40 Linden Street, Exeter, NH 03833

603-775-8461/FAX 603-775-8983/**SeacoastTech.com**

Student Application

Gr. 11 & 12

Last Name _____ First Name _____ Middle _____

Student E-mail _____ Gender _____ DOB ____/____/____

Address _____ City _____ Zip _____

Mailing Address _____

Home Phone Number _____ Cell Phone Number _____

High School _____ Guidance Counselor _____

Present Grade _____ IEP / 504 _____ Case Manager _____

Parent/Guardian 1 _____ E-mail _____

Parent/Guardian 2 _____ E-mail _____

Please mark your first choice program with a "1" and your second choice with a "2"

- | | |
|---|--|
| <input type="checkbox"/> Animal & Plant Science | <input type="checkbox"/> Digital Communications |
| <input type="checkbox"/> Automotive Technologies | <input type="checkbox"/> Early Childhood Education |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Health Science Technologies |
| <input type="checkbox"/> Building Construction Technologies | <input type="checkbox"/> Marketing Technologies |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Pre-Engineering |
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Welding Technologies |

In the space below, please explain why you are interested in completing your chosen program at the Seacoast School of Technology.

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