



## Seacoast School of Technology

40 Linden Street, Exeter, NH 03833

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

**SST@SeacoastTech.com**

# SST Enrollment Confirmation Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate whether you accept your SST placement for the 2012-2013 school year.

Please check one:

\_\_\_\_\_ I accept my SST Placement in the \_\_\_\_\_ program

\_\_\_\_\_ I would like to speak with someone from SST about my program choice

\_\_\_\_\_ I do not accept my SST Placement

**Please return this form to your guidance counselor as soon as possible.**

**Thank you.**