

CARROLL HIGH SCHOOL MEDICAL MAGNET PROGRAM

Parent/Student Information

(Please Print)

Student's Name:			Sex:	M	F
Address:	Z	йр:	DOB:		
Parent/Guardian's Name:	:				
Home Phone:	Cell Phone:	Pr	esent School:		
Ethnicity(ies) African-An	nerican Asian	Hispanio	E White	_ Otl	her
Pharmacy Tec Sports Medicin	Interested in Pursuing e Assistant (Intro. to He h (Intro. to Health Occ ne (Intro. to Health Occ dicine III)	ealth Occ ., Med. T	erm, Pharmacy	Tecl	
**First Responder may be unit in science, has a 2.0 (**Pharmacy Tech require science courses.	GPA, and has reached t	he age of	16.		
For Further Information:	Mrs. Shandria Nev Program Coordina (318) 387-8441 Ex	ator			

"Choose a Career; Define a Future"

shandria.newton@mcschools.net