

Parent/Guardian 2: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

E-mail: _____

What is your career interest? (Please list in priority order)

1. _____

2. _____

List any experiences that you have had in design and merchandising.

1. _____

2. _____

Why are you interested in enrolling in the Design and Merchandising Academy?

What strengths do you possess that will contribute to the Design and Merchandising Academy?

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Completed applications should be returned to Dr. Judy Smith's mailbox in the front office or in room 0725. Dr. Smith can be contacted at jsmith19@wcpss.net.