

VOCAL HIGH SCHOOL STUDENT INFORMATION HANDOUT

First MI Last

Address

City State TX Zip

Grade 8 9 10 11 12 Age _____ Gender M F Height _____ ft _____ in

Voice Part

Student Signature

For Director's Use:

Track Classification	Freshman	HS
Dual Certification	No Yes	
Time Preference	NA AM	PM
Blind Student?	No Yes	

If Dual Certification is Yes, be sure to fill out the appropriate forms.

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