



Principles of Marketing Student Application

Directions: Complete the following information. Turn this completed form in to Mrs. Rhymes in Room 407. Give the two teacher recommendation forms to two teachers of your choice. Teachers should complete these forms and return them to my mailbox in the teacher's lounge. No teacher recommendation forms will be accepted from students

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Absences Last Semester: _____ GPA: _____ Grade (current): _____

Are you employed? YES ☐ NO ☐ If yes, where? _____

Have you ever worked in the Cookie Site? YES ☐ NO ☐ If yes, when? _____

Are you a member of DECA? YES ☐ NO ☐

If yes, explain involvement : _____

References

Please list three teacher references.

Name: _____ Class Taken: _____

Name: _____ Class Taken: _____

Name: _____ Class Taken: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment in the class, I understand that false or misleading information in my application may result in my release.

I understand that a requirement of the course is enrollment in and involvement in DECA.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____