



Application for
Advanced Manufacturing
Career Training



Student Information

Last Name: _____

First Name: _____ Middle Initial: _____

DOB: _____ Current Grade: FR SO JR Current GPA: _____

High School Name: _____

Has student taken Work Keys Test? YES NO If Yes, please indicate scores:

READING FOR INFORMATION: _____

APPLIED MATHEMATICS: _____

LOCATING INFORMATION: _____

Phone Number: _____

Email: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Has student been zoned for a Greenwood County School District since Freshman Year? YES NO

Parent/Guardian Contact Information

Last Name: _____

First Name: _____ Middle Initial: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

****By signing, I acknowledge that admittance into the Greenwood Edge will count as one semester toward Greenwood Promise eligibility upon graduation.**

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

By signing I verify that all information contained in this application is true and accurate. Greenwood EDGE applications with falsified information will not be considered, and student could be subject to school disciplinary action.