



Fresno High School
MARKETING ACADEMY
1839 Echo Avenue
Fresno, CA 93704
(559) 457-2807

Student Application

Name _____ ID Number _____

_____ First

_____ Last

Address _____ Fresno, CA _____

_____ ZIP code

_____ Apt. number

Home phone _____ Student Cell phone _____

Email _____ Birthdate _____

Circle your present year in school 9 10 11 Year of graduation _____

1. What school subjects do you like the most?

2. What school subjects do you like the least?

3. Are you involved in any activities?

a. At school

b. Outside of school

4. What are your plans after high school? (College? Which one? Type of career/work?)

If accepted by the Marketing Academy, I agree to fully participate and complete the program and represent Fresno High School in the best way possible.

Student signature _____ Date _____
