

PATHWAY APPLICATION



West Jordan High School

Application Date: _____ Graduation Year: _____

Name: _____ Student # _____

Preferred Contact Method (choose one or more):

Student Email – provide address: _____

Text – provide phone number: _____

Pathway(s) you plan to complete:

_____ Health and Recreation

_____ Liberal Arts

_____ Science and Math

_____ Career & Technical

Area of focus within pathway (i.e. Dentistry, Music, Education, etc):

Return your application to the pathway coordinator, Mrs. Robertson, using one of the methods listed below. You will be contacted with your acceptance details and instructions on what to do next.

***Bring to Room D-32**

***Put in Mrs. Robertson's box in the main office**

***Email to Mrs. Robertson at shauna.robertson@jordandistrict.org.**