

New Student or Returning to New Program

APPLICATION FOR 2018-2019

| Pro | gram Choice Name |
|--|---|
| | (see page 4 for program name listing) |
| New Student Application Sec | ond Program Choice |
| Returning to Different Program | To be completed by high school guidance counselor |
| Returning to Same Program | Session:AMPMFD |
| (special needs only) 11th graders returning to | Due in CTC Guidance Office by March 1 |
| same full-day program Students returning to same program for a 13th year or greater | PA SecureID |
| • | ompleted by <u>parent/guardian</u> PRINT LEGIBLY |
| STUDENT INFORMATION | |
| First Name (NO NICKNAMES) | MI Last |
| Address | |
| City Sta | ate Zip Code |
| Home Phone Number () | _ |
| Student Cell Number () | Student Email Address |
| Birth Date / / | |
| Gender: Male 🗌 Female 🗌 | |
| | Race (choose one or more) |
| For mandatory Pennsylvania Department of Education state reporting purposes, please complete the ethnicity and race boxes. | ENTER A <u>P</u> NEXT TO THE <u>PRIMARY</u> RACE American Indian/Alaskan Native (not Hispanic) |
| Ethnicity (check one) | Asian Black (not Hispanic) |
| Hispanic/Latino | Hispanic White (not-Hispanic) |
| Not Hispanic/Latino | Native Hawaiian or Other Pacific Islander (not Hispanic) |

STUDENT CONTACT INFORMATION

| Parent/Guardian 1 Information Relationship to student Mr. Mrs. Mrs. Mrs. Other | Student resides with: | Does the st | ☐ Fath udent reside v | | Guard Int in the I | | Other Y or N | |
|---|---|---------------|--------------------------|------------|-----------------------|-----------|--------------|------|
| Image: | | | | | | | | |
| First Name MI Last Address | | | | | | | | |
| Address | Mr. Mrs. | 🗌 Ms. 🗌 | Other | | _ | | | |
| City | First Name | | | MI | | Last | | |
| Email Address | Address | | | | | | | |
| (Email address is required for access to the parent portal – please write legibly) Home Number (| City | | | | State | | _ Zip Code | |
| Home Number (| | required for | access to the | parent por | tal – plea | ase write | legibly) | |
| Cell Number () Parent/Guardian 2 Information Relationship to student \Box Mr. Mrs. Mr. Mrs. Mr. Mrs. Other | | | | | | | | Ext. |
| Parent/Guardian 2 Information Relationship to student \Box Mr. Mr. \Box Mr. Mr. \Box Mr. Mr. Last | | - | | | - | / | | |
| First Name MI Last Address | Parent/Guardian 2 Inform | nation | | | | | | |
| Address | Mr. Mrs. | □ Ms. □ | Other | | _ | | | |
| City | First Name | | | MI | | Last | | |
| Email Address | Address | | | | | | | |
| Email Address | | | | | | | | |
| (Email address is required for access to the parent portal – please write legibly) Home Number ()Work Number()Ext Cell Number () Please indicate two phone numbers to receive CTC's Blackboard messages for announcements, school closings, dela and emergencies. Phone Number 1 Phone Number 2 REQUIRED: Emergency Contact Person Other Than Parent/Guardian (person must be over 18 years of age) NOTE: Contact must live within 20 miles of the Career and Technology Center Relationship to student Mr. Mrs. Mrs. Other Mil Last Address | City | | | | State | | Zip Code | |
| Home Number (| Email Address (Email address is | required for | access to the | parent por | tal – plea | ase write | legibly) | |
| Cell Number () Please indicate two phone numbers to receive CTC's Blackboard messages for announcements, school closings, dela and emergencies. Phone Number 1 Phone Number 2 REQUIRED: Emergency Contact Person Other Than Parent/Guardian (person must be over 18 years of age) NOTE: Contact must live within 20 miles of the Career and Technology Center Relationship to student Mr. Mrs. Ms. Other First NameMI Last Address CityStateZip Code | | | | | | | | Ext. |
| Please indicate two phone numbers to receive CTC's Blackboard messages for announcements, school closings, dela and emergencies. Phone Number 1 Phone Number 2 REQUIRED: Emergency Contact Person <u>Other Than Parent/Guardian</u> (person must be over 18 years of age) NOTE: Contact must live within 20 miles of the Career and Technology Center Relationship to student First Name MI Last Address City State Zip Code | _ | | | | - | , | | |
| Relationship to student | and emergencies. Phone Number 1 REQUIRED: | | | | | Phone N | Number 2 | |
| Image: Mrst in | NOTE: Contact | must live wit | thin 20 miles | of the Car | eer and | Technol | ogy Center | |
| First Name Address City State Zip Code | Relationship to st | tudent | | | | | | |
| Address | Mr. Mrs. | 🗌 Ms. 🔲 | Other | | _ | | | |
| City State Zip Code | First Name | | | MI | | Last | | |
| | Address | | | | | | | |
| Home Number ()Work Number()Ext | City | | | | State | | _ Zip Code | |
| | Home Number (_ |) | | Work Nu | mber(|) | - | Ext |

POST-SECONDARY PLANS

PLEASE CHECK ALL THAT PERTAIN TO YOUR CAREER CHOICE:

- ___ 2-year college in PA
- ____ 4-year College or University not in PA
- __ Other Post-Secondary School not in PA
- __ Community College in PA
- ___ Other Post-Secondary School (AST or ASB Degree) on PA
- ___ Other Post-Secondary School (non-degree) in PA
- ___ State Related Commonwealth University on PA
- ___ Private 2-year College or University

__ State University in PA

___ Private 4-year College or University in PA

___ White Collar Worker

__ Blue collar Worker

___ Farmworker

__ Homemaker

___ Military and Branch _____

___ Service Worker

___ Unknown

PROGRAM OFFERINGS

HALF DAY TWO YEAR PROGRAMS (JUNIORS AND SENIORS)

| • Auto Body Technology I & II | CIP Code – 470603 |
|--|-------------------|
| Automotive Technology I & II | CIP Code – 470604 |
| Carpentry/Residential Construction I & II | CIP Code – 460201 |
| • Computer Repair Technology I & II | CIP Code – 151202 |
| • Diesel Truck Technology I & II | CIP Code – 470613 |
| • Electrical Technology I and II | CIP Code – 460399 |
| • Electromechanical Technology I and II | CIP Code – 150403 |
| • Industrial Machine Technology I & II | CIP Code – 480501 |
| • Law Enforcement and Security I & II | CIP Code – 430107 |
| • Masonry I & II | CIP Code – 460101 |
| • Medical Assistant I & II | CIP Code – 510801 |
| • Network Technology I & II | CIP Code – 110901 |
| • Plumbing/Heating/Air Conditioning I & II | CIP Code – 460503 |
| • Welding Technology I & II | CIP Code – 480508 |
| | |

FULL DAY PROGRAMS (SENIORS)

| Commercial Art and Design | |
|---|--|
| Culinary Arts | |
| Dental Assistant | |
| Landscape Technology | |
| • Health Careers Technology | |
| • Media Communications Technology | |
| • Pastry Arts | |
| Sports Therapy Sciences | |

HALF DAY JUNIOR AND FULL DAY SENIOR PROGRAM

• Cosmetology I and II – AM or PM Junior Year, Full Day Senior Year

CIP Code - 120401

CIP Code - 500408

CIP Code - 120508 CIP Code - 510601 CIP Code – 010601 CIP Code - 510899 CIP Code - 500602 CIP Code - 120501 CIP Code - 512604

GENERAL INFORMATION

(to be completed by parent/guardian)

1. Non-Discrimination Policy. It is the policy of the Lebanon County Career and Technology Center not to discriminate on the basis of race, color, creed, religion, sex, sexual orientation, ancestry, national origin, handicap or disability in its admission to educational and technical programs, activities, or employment as required by Title IX, Section 504 and Title VI. Lebanon County Career and Technology Center will take steps to assure that lack of English language skills will not be a barrier to admission and participation in all educational and technical programs. For information about rights or grievance procedures, contact our Compliance Officer at 833 Metro Drive, Lebanon, PA 17042, Telephone number (717) 273-8551, ext. 2139.

Please check if you understand this provision.

2. Admissions Procedure Summary. Any student who is enrolled in a public or nonpublic school within Annville-Cleona, Cornwall-Lebanon, Eastern Lebanon County, Lebanon, Northern Lebanon and Palmyra school districts and who will be promoted to the tenth grade or above may apply to attend Lebanon County Career and Technology Center. The Center admits students without regard to an applicants' race, color, creed, religion, sex, sexual orientation, ancestry, national origin, handicap or disability.

All programs enroll students contingent upon space which is determined by the school board.

An official Registration Application Form is required by March 1 of each year. If a program is not filled on March 1, Registration Application Forms are accepted on a first come basis until the program is filled. Subsequent requests are maintained on a waiting list and accommodated if openings occur.

If applicants exceed space on March 1, a program quota is implemented. Each district's quota is determined by a standard formula. Each district's applicants are then selected by a county-wide selection process to fill the quota. Quotas not filled by one district are open to remaining districts. Some programs also have program specific entrance requirements.

I.E.P., Special Populations, or At Risk students can be enrolled one year prior to the approved schedule.

A secondary student transferring into a sending school district or a district student who requests enrollment after the first month of school can be accepted anytime during the year providing: transcripts and IEP (if applicable) are provided and the Registration Application Form is completed, district recommendation is provided, and CTC staff have an opportunity to interview the prospective student and provide a recommendation before final acceptance. Enrollment is subject to available space.

If program openings are available after April 1, tuition-paying pupils and adults will be enrolled to fill capacity. Non-resident tuition fees are set by the School Board in consultation with the Superintendents.

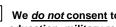
Please check if you understand this provision.

3. RELEASE OF INFORMATION APPROVAL TO BE COMPLETED BY PARENT/GUARDIAN AND STUDENT

The Career and Technology Center cannot release student educational records to institutions of higher education, prospective employers and military recruiters without parent/guardian and student consent. If necessary, you can obtain additional clarification concerning the policy by contacting the school counselor at 273-8551, ext. 2153.

Please indicate your wishes by checking the appropriate statement:

We hereby consent to the release of all pertinent educational records when requested by an institution of higher education, military recruiters or a prospective employer. We understand this information will be treated in a confidential and professional manner.



We do not consent to the release of all pertinent educational records when requested by an institution of higher education, military recruiters or a prospective employer.

PLEASE SIGN BELOW TO INDICATE THAT YOU RECEIVED A COPY OF THE NON-DESCRIMINATION POLICY, THE ADMISSIONS PROCEDURE SUMMARY AND THE RELEASE OF INFORMATION APPROVAL.

Signatures

(both are required or your application will be denied)

By signing below, I authorize my school district of residence to enroll me in my desired program at the Lebanon County Career & Technology Center. I realize that enrolling in a Half Day - Junior/Senior Program is a two-year commitment to complete the program.

Student Signature:

LC

| Date: | |
|-------|--|
| | |

By signing below, I authorize my school district of residence to enroll my son/daughter in his/her desired program at the Lebanon County Career & Technology Center. I realize that enrolling in a Half Day - Junior/Senior Program is a two-year commitment to complete the program.

| Parent Signature: | | Date: |
|--------------------------|----------|-------|
| | STOP | |
| CTC Counselor Signature: | Date : _ | |

TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR

| сноо | L INFORMATION | | | | | |
|------|-----------------------|---------------------|------------------|-------------|----------------|---------|
| | Grade during 2018-20 | 19 School Year 🛛 10 | 11 12 |] 13 | | |
| | School District: | | | | | |
| | Annville-Cleona | Cornwall-Lebanon | ELCO | Lebanon | Northern Leban | on |
| | Palmyra | Other | | | | |
| | High School Attending | <u>1:</u> | | | | |
| | IU 13 Student | Annville-Cleona | Blue Mountain | Cedar Crest | ELCO | Lebanon |
| | Lebanon Catholic | New Covenant | Northern Lebanon | Palmyra | Other | |
| | | | | | | |

ADDITIONAL STUDENT INFORMATION

Is the student new to the United States? Y or N, if yes, what is the initial entry date into the United States

Is the student enrolled in ESL? Y or N, If yes, at what level Date that the student enrolled in ESL at your district

What is the students Primary Language? _____

Special Populations Identification If applicable, indicate whether the student is supported through an IEP, GIEP, or 504 Plan and attach all supporting documents (IEP, GIEP, ER, 504 Plan) to the application (mark all that apply with a check). Please note that current IEPs should reflect CTC representation and the Classification of Instructional Program (CIP) code for the CTE course.

Identify other special populations by checking all that apply.

| SUPPORTING DOCUMENTS (ATTACHED) Indicate all that apply with a check mark and attach current supporting documents to the application. | OTHER SPECIAL POPULATIONS Identify other special populations by checking all that apply. |
|--|--|
| IEP – IEP meeting date// | Gifted |
| GIEP | Migrant |
| ER | Limited English Proficiency |
| 504 Plan | Single Parent Inc. Single Pregnant Women |
| Not Applicable | None |
| | CTC OFFICE USE ONLY (BELOW) Displaced Homemaker Nontraditional URSE SELECTIONS |
| PHYSICAL EDUCATION ACAI | DEMIC MATH COURSES |
| Requires Contract Phys. Ed. A | oplied Math 1 Pre-Calculus |
| | gebra I Trigonometry and Intro. to Calc. |
| | eometry & Intermediate Algebra 🛛 🗌 Calculus 1 |
| | gebra 2 🗌 Calculus 2 |
| □ St | atistics & Probability |
| Counselor Check Off: Official Transcript is attac | hed Counselor page completed in full |
| Home School Counselor (Please Print) | |
| Home School Counselor Signature | Date |

TO BE COMPLETED BY SCHOOL PERSONNEL FOR NEW STUDENTS ONLY

| STUDENT NAME | | | | | | | | | | | | | | но | ME S | сно | OL | | | | | | | | | | | | |
|--|---------|-------|---------|-----|-----|-----|------|------|-----|----|---------|-------|------|-----|------|------|-------|-------|------|-----|----|------|----|-----|-----|------|------|----------------|--------|
| | | | | | | | | | | * | * * * : | * SEI | ECT | ION | CRI | TERI | A * * | * * * | | | | | | | | | | | |
| Attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Points |
| # of days absent for last 180 days from date of application | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 3 | 32 | 1 ₀ | |
| Points 0 pts for field trips 0 pts for ISS/OSS 1 pt for each excused or unexcused absence 1 pt for each period of homebound or long-term illness (do not count each day) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | 25 | | |
| Grade Point Average | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use overall GPA and round to r (up or down) | nearest | GPA | .2 | 25 | .50 | .75 | 1.00 | 1.25 | 1.5 | 0 | 1.75 | 2.00 | 2.25 | 5 | 2.50 | 2.75 | 3 | 8.00 | 3.25 | 3.5 | 50 | 3.75 | 4 | .00 | | | | | |
| Points | | | | 0 | 1 | 2 | 3 | 4 | 5 | 5 | 6 | 7 | 8 | | 9 | 10 | | 11 | 12 | 1 | 3 | 14 | | 15 | | | | | |
| Recommended Courses | ram ha | hae | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| on supplemental list) | | 300 | 0 | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | |
| Points | | | 0 | 5 | 10 | 15 | 5 20 | 25 | | | | | | | | | | | | | | | | | | | | | |
| Citizenship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (by Home School Administra | ator) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deduct: 1 pt for each day of detentio 2 pts for each day of ISS 4 pts for each day of OSS Add: | n | | | | | | | 1 2 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 1 | 4 1 | 15 | 16 | | | | | |
| 2 pts for each co-curricular a student gov., band, chorus, (do not include social or rect | school | newsp | aper, o | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interview Optional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PAL' | S SI | GNA | TUR | E | | | | | | | | | | | DAT | E | | | | | | | - | тот | AL F | POIN | тѕ | |