

New Student or Returning to New Program

APPLICATION FOR 2013-2014

	Program Choice (see page 4 for program listing)
	(see page 4 for program listing)
New Application	Second Program Choice
Returning to Different Program	To be completed by high school guidance counselor
Returning to Same Program	Session: AM PM FD
(special needs only) • 11 th 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
Pages 1-3 to	b be completed by <u>parent/quardian</u>
-	E PRINT LEGIBLY
UDENT INFORMATION	
	MI Last
Address	
City	State Zip Code
Home Phone Number ()	
Student Cell Phone Number ()
Birth Date/	
Gender: Male Female	
Ethnicity (check one)	Race (choose one or more)
☐ Hispanic/Latino	ENTER A P NEXT TO THE PRIMARY RACE
☐ Not Hispanic/Latino	American Indian/Alaskan Native Hispanic
	Asian/Pacific Islander White (Non-Hispanic)
	Black (Non-Hispanic)

STUDENT CONTACT INFORMATION

t resides with:	_	ner L	_ Father	☐ Guard	liaii		
'Guardian 1 Inform	ation						
•							
First Name			MI		Last		
Address							
City				State		_ Zip Code	
Email Address	required	for access	to the parent r	ortal – ples	se write	legibly)	
							Evt
)	 -	LXI
Cell Nulliber (_)			_			
/Guardian 2 Inform	ation						
Relationship to stu	udent						
☐ Mr. ☐ Mrs.	☐ Ms.	Other _					
First Name			MI		Last		
Address							
City				State		_Zip Code _	
Email Address (Email address is	required	d for access	to the parent p	oortal – plea	se write	e legibly)	
Home Number ()		Worl	k Number()	_ -	Ext
	\						
Cell Number (_/						
	/			<u>—</u>			
	/			_			
Cell Number (<u>rdian</u>	(person mus	t be over 18 years of a
Cell Number (act Per	son <u>Other</u>	r Than Par	ent/Gua			t be over 18 years of a
Cell Number (act Pers	son <u>Other</u> e within 20 ı	r Than Par	ent/Gua			t be over 18 years of a
Cell Number (act Pers nust live ☐ Ms.	son <u>Other</u> e within 20 i □ Other _	r Than Par	ent/Gua	<u>Techno</u>	logy Center	
Cell Number (act Pers nust live ☐ Ms.	son <u>Other</u> e within 20 i	r Than Par miles of the C	ent/Gua	Techno Last	logy Center	t be over 18 years of a
Cell Number (act Pers nust live ☐ Ms.	son <u>Other</u> e within 20 i	r Than Par	ent/Gua	Techno Last	logy Center	
Cell Number (act Pers nust live	son <u>Other</u> e within 20 i	r Than Par miles of the C	ent/Gua	Techno Last	logy Center	
Cell Number (act Pers	son <u>Other</u> e within 20 i	r Than Par miles of the C	ent/Gua	Last	Zip Code	
	Relationship to stu Mr. Mrs. First Name Address City Email Address is Home Number (Cell Number (Mr. Mrs. First Name Address City City Mrs. City Email Address is City Mrs. City Email Address is	City Email Address (Email address is required Home Number () Cell Number () Guardian 2 Information Relationship to student Mr. Mrs. Ms. First Name Address City Email Address (Email address is required the first of the first	Relationship to student Mr. Mrs. Ms. Other First Name Address City Email Address (Email address is required for access Home Number () - Cell Number () - /Guardian 2 Information Relationship to student Mr. Mrs. Ms. Other First Name Address City Email Address (Email address is required for access	Relationship to student Mr. Mrs. Ms. Other First Name	Relationship to student Mr. Mrs. Ms. Other First Name MI Address City State Email Address (Email address is required for access to the parent portal – pleathone Number (Relationship to student Mr. Mrs. Ms. Other First Name MI Last Address City State Email Address (Email address is required for access to the parent portal – please write Home Number () - Work Number() Cell Number () - Mork Number () Guardian 2 Information Relationship to student Mr. Mrs. Ms. Other First Name MI Last Address City State Email Address (Email address is required for access to the parent portal – please write	Relationship to student Mr. Mrs. Ms. Other First Name MI Last Address City State Zip Code Email Address (Email address is required for access to the parent portal – please write legibly) Home Number (

GENERAL INFORMATION

(to be completed by parent/guardian)

1.	race, color, creed, religion, sex, sexual orientation, ancest programs, activities, or employment as required by Title IX steps to assure that lack of English language skills will not	canon County Career and Technology Center not to discriminate on the basis of ry, national origin, handicap or disability in its admission to educational and technical (, Section 504 and Title VI. Lebanon County Career and Technology Center will take to be a barrier to admission and participation in all educational and technical dures, contact Scott Cole, Compliance Officer at 833 Metro Drive, Lebanon, PA
	Please check if you understand this provisi	on.
2.	Lebanon, Eastern Lebanon County, Lebanon, Northern Le	
	An official Registration Application Form is required by Ma	arch 1 of each year. If a program is not filled on March 2, Registration Application is filled. Subsequent requests are maintained on a waiting list and accommodated
		s implemented. Each district's quota is determined by a standard formula. Each lection process to fill the quota. Quotas not filled by one district are open to pecific entrance requirements.
	I.E.P., Special Populations, or At Risk students can be en	rolled one year prior to the approved schedule.
	be accepted anytime during the year providing: transcripts	strict or a district student who requests enrollment after the first month of school can s and IEP (if applicable) are provided and the Registration Application Form is staff have an opportunity to interview the prospective student and provide a ubject to available space.
	If program openings are available after July 1, tuition-payir by the School Board in consultation with the Superintende	ng pupils and adults will be enrolled to fill capacity. Non-resident tuition fees are set ints.
	Please check if you understand this provisi	
3.	. RELEASE OF INFORMATION APPROVAL TO BE	COMPLETED BY PARENT/GUARDIAN AND STUDENT
		nt educational records to institutions of higher education, prospective employers and issent. If necessary, you can obtain additional clarification concerning the policy by .
	Please indicate your wishes by checking the appropriate s	statement:
		educational records when requested by an institution of higher education, eunderstand this information will be treated in a confidential and professional
	We <u>do not consent</u> to the release of all pertinent military recruiters or a prospective employer.	educational records when requested by an institution of higher education,
	PLEASE SIGN BELOW TO INDICATE THAT YOU ADMISSIONS PROCEDURE SUMMARY AND THE	
	(both are required	Signatures I or your application will be denied)
	By signing below, I authorize my school district of residence to Center. I realize that enrolling in a Half Day – Junior/Senior Programmer of the content of	o enroll me in my desired program at the Lebanon County Career & Technology rogram is a two-year commitment to complete the program.
	Student Signature:	Date:
		enroll my son/daughter in his/her desired program at the Lebanon County Career & nior/Senior Program is a two-year commitment to complete the program.
	Parent Signature:	Date:
		STOP
	LCCTC Counselor Signature:	Date :

PROGRAM OFFERINGS

HALF DAY ONE YEAR PROGRAMS (SOPHOMORES, JUNIORS, OR SENIORS)

• Occupational Transition

CIP Code - 320107

HALF DAY TWO YEAR PROGRAMS (JUNIORS AND SENIORS)

CIP Code – 470603
CIP Code – 470604
CIP Code – 460201
CIP Code – 151202
CIP Code – 470613
CIP Code – 460399
CIP Code – 150403
CIP Code – 480501
CIP Code – 430107
CIP Code – 460101
CIP Code – 510801
CIP Code – 110901
CIP Code – 460503
CIP Code – 480508

FULL DAY PROGRAMS (SENIORS)

Commercial Art and Design	CIP Code – 500408
• Culinary Arts	CIP Code – 120508
• Dental Assistant	CIP Code – 510601
• Landscape Technology	CIP Code – 010601
Health Careers Technology	CIP Code – 510899
• Pastry Arts	CIP Code – 120501
• Sports Technician and Exercise Science	CIP Code – 519999
Visual Broadcast Technology	CIP Code – 500602

HALF DAY JUNIOR AND FULL DAY SENIOR PROGRAM

• Cosmetology I and II – AM or PM Junior Year, Full Day Senior Year CIP Code – 120401

To BE COMPLETED BY THE HIGH SCHOOL GUIDANCE COUNSELOR

SCHOOL INFORMATION		
Grade during 2013-2014 School Year	□ 11 □ 12 □ 13	
School District:		
☐ Annville-Cleona ☐ Cornwall-Lebanon	☐ ELCO ☐ Lebanon	☐ Northern Lebanon
☐ Palmyra ☐ Other	<u> </u>	
High School Attending:		
☐ IU 13 Student ☐ Annville-Cleona	Blue Mountain	t ELCO Lebanon
☐ Lebanon Catholic ☐ New Covenant ☐	Northern Lebanon	☐ Other
Special F	Populations Identification	
f applicable, indicate whether the student is supported thr GIEP, ER, 504 Plan) to the application (mark all that representation and the Classification of Instructional Progra	apply with a check). Please note m (CIP) code for the CTE course.	nd attach all supporting documents (IEP that current IEPs should reflect CTC
Identify other special populations by checking all that apply.		
SUPPORTING DOCUMENTS (ATTACH Indicate all that apply with a check ma and attach current supporting docum to the application.	ark Identify other special populati	
IEP – IEP meeting date/	_/ Gifted	
GIEP	Migrant	
ER	Economically Disadvanta	ged
504 Plan	Limited English Proficience	
Not Applicable	Single Parent Inc. Single	Fregnant Women
	None	
	CTC OFFICE USE ONLY	(BELOW)
	Displaced Homemaker	
	Nontraditional	
	Nontraditional	
<u>ADDITIONAL</u>	COURSE SELECTIONS	
PHYSICAL EDUCATION	ACADEMIC MATH COURSES	
Requires Contract Phys. Ed.	☐ Applied Math 1	☐ Pre-Calculus
	☐ Algebra I	☐ Trigonometry and Intro. to Calc.
	☐ Geometry & Intermediate Algebra	Calculus 1
	☐ Algebra 2	Calculus 2
	_ •	
Counselor Check Off: Official Transcript i	s attached Counselor pa	age 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	E													Н	OME	SCH	100	L											
										* *	* * *	SEL	EC1	ΓΙΟ	N C	RITE	ERI	A * *	* * *										
Attendance																													
# of days absent on the last 180 days	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	3 2	1 0	
Points	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																													
Orace I offic Average	•		.2	25	.50	.75	1.00	1.25	1.5	50	1.75	2.00	2.25	5	2.50	2.75	5 (3.00	3.25	3.	50	3.75	4	.00					
Points			_	0	1	2	3	4		5	6	7	8		9	10)	11	12		13	14		15					
Recommended Coul	ses																												
(5 highest priority per p based on supplementa		m	0	1	2	3	4	5	_																				
Points			0	5	10) 15	5 20	25																					
Citizenship																													
(by Home School Admir	nietrat	or)		No	t Reco	mmen	ded		Recor	mmer	nded w	ith Res	ervatio	ns		R	ecom	nmende	2d		Ent	husias	tically	Reco	mme	nded			
Attitude, extra curricular participation, awards, at and infractions, in-school of-school suspension, a school, expulsions.	hletics	s, etc. out-		140	rrooc		ucu		recoi		iaca w	MI INCO	orvano	110		TX.	Coom	inona	, u		Lin	indolad	tiouny	Nooc		naca			
Court system probation details to the CTC Prince		ide																											
Points			0	1	2	3	4	5 6	7	8	9	10	11	12	13	14 1	5 1	16 17	7 18	19	20	21	22	23	24 2	25			
Interview Optional	l																												
DISTRICT PRINC	SIPA	L'S S	SIGN	ATU	RE											_ DA	TE								то	TAL	POIN	ITS	