New Student

APPLICATION FOR 2010-2011

Program Name _____
(see page 4 for program listing)

Due in HS Guidance Office by

SCHOOL	DUE DATE
Annville-Cleona	12/23/09
Cedar Crest	
ELCO	01/08/10
Lebanon	02/12/10
Northern Lebanon	12/21/09
Palmyra	02/22/10

To be completed by high school guidance counselor

Session: ___ **AM** ___ **PM** ___ **FD**

___ **AM SEMESTER 1** ___ **AM SEMESTER 2** ___ **PM BLK**

Due in CTC Guidance Office by March 1

PA SecureID_____

Pages 1-3 to be completed by parent/guardian

PLEASE PRINT LEGIBLY

STUDENT INFORMATION

First Name (**NO NICKNAMES**)_____ MI ____ Last _____

Address _____

_____

City _____ State _____ Zip Code _____

Home Phone Number (_____) _____ - _____

Birth Date _____/_____/_____

Gender: Male ☐ Female ☐

Race/Ethnic Category **(Check One)**

☐ American Indian/Alaskan Native ☐ Hispanic

☐ Asian/Pacific Islander ☐ White (Non-Hispanic)

☐ Black (Non-Hispanic)

STUDENT CONTACT INFORMATION

Student resides with: ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

Parent/Guardian 1 Information

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 (_____)_____-_____Work Number( )_____-_____Ext. _____

Cell Number (____)_____-_____

Parent/Guardian 2 Information

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 (_____)_____-_____Work Number( )_____-_____Ext. _____

Cell Number (____)_____-_____

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

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name _____ MI _____ Last _____

Address _____

_____

City _____ State _____ Zip Code _____

Home Number (____) _____ - _____Work Number(___)_____-_____Ext. _____

Cell Number (_____) _____ - _____

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 the Compliance Officer at 833 Metro Drive, Lebanon, PA 17042. Telephone number (717) 273-8551.

☐ **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 2, 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 July 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.**

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

Parent Signature _____ Date _____

Student Signature _____ Date _____

Lebanon County CTC Counselor Signature _____ Date _____

PROGRAM OFFERINGS

TWO PERIOD OR SEMESTER PROGRAMS (JUNIORS OR SENIORS)

- *Allied Health Science – AM Semester 1, AM Semester 2, or BLKPM All Year* CIP Code – 519999
- *Criminal Justice – BLKPM All Year* CIP Code – 430107

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

- *Occupational Transition* CIP Code – 320107

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 – 470605
- *Electrical Technology I and II* CIP Code – 460399
- *Industrial Machine Technology I & II* CIP Code – 480501
- *Law Enforcement and Security I & II – Both in AM Session* CIP Code – 430107
- *Masonry I & II* *CI*P Code – 460101
- *Network Technology I & II* CIP Code – 110901
- *Plumbing/Heating/Air Conditioning I & II* CIP Code – 460502
- *Welding Technology I & II* CIP Code – 480508

FULL DAY PROGRAMS (SENIORS)

- *Child Care Services* CIP Code – 190708
- *Commercial Art and Design* CIP Code – 500408
- *Culinary Arts* CIP Code – 120508
- *Landscape Technology* CIP Code – 010601
- *Health Careers Technology* CIP Code – 510899
- *Pastry Arts* CIP Code – 120501
- *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 2010-2011 School Year ☐ 10 ☐ 11 ☐ 12 ☐ 13

School District:

☐ Annville-Cleona ☐ Cornwall-Lebanon ☐ ELCO ☐ Lebanon ☐ Northern Lebanon

☐ Palmyra

High School Attending:

☐ IU 13 Student ☐ Annville-Cleona ☐ Blue Mountain ☐ Cedar Crest ☐ ELCO ☐ Lebanon

☐ Lebanon Catholic ☐ New Covenant ☐ Northern Lebanon ☐ Palmyra ☐ Other _____

Special Populations Identification

If the student has a disability, identify the categories by placing a "P" on the appropriate line for primary, "S" for secondary, and "T" for tertiary (mark all that apply).

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 vocational course.

Identify other special populations by checking all that apply.

DISABILITY CATEGORIES
P=Primary
S=Secondary
T=Tertiary

___ Autism
___ Deaf-blindness
___ Hearing impairment incl. deafness
___ Mental retardation
___ Multiple disabilities
___ Orthopedic impairment
___ Specific learning disability
___ Speech or language impairment
___ Traumatic Brain Injury
___ Visual Impairment incl. blindness
___ Other health impairment
___ Emotional disturbance
___ None

SUPPORTING DOCUMENTS (ATTACHED)
Indicate all that apply with a check mark and attach current supporting documents to the application.

☐ IEP
☐ GIEP
☐ ER
☐ 504 Plan
☐ Not Applicable

OTHER SPECIAL POPULATIONS
Identify other special populations by checking all that apply.

☐ Gifted
☐ Migrant
☐ Economically Disadvantaged
☐ Limited English Proficiency
☐ Single Parent Inc. Single Pregnant Women
☐ None

CTC OFFICE USE ONLY (BELOW)

☐ Displaced Homemaker
☐ Nontraditional

ADDITIONAL COURSE SELECTIONS

PHYSICAL EDUCATION

☐ Requires Contract Phys. Ed.

ACADEMIC MATH COURSES

☐ Applied Math 1
☐ Algebra I
☐ Geometry & Intermediate Algebra
☐ Algebra 2
☐ Pre-Calculus
☐ Trigonometry and Intro. to Calc.
☐ Calculus 1
☐ Calculus 2

Counselor Check Off: ☐ Transcript is attached ☐ 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 _____ **HOME SCHOOL** _____

***** SELECTION CRITERIA *****

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	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

	.25	.50	.75	1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	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 Courses

(5 highest priority per program based on supplemental list)	0	1	2	3	4	5
Points	0	5	10	15	20	25

Citizenship

(by Home School Administrator)	Not Recommended						Recommended with Reservations							Recommended							Enthusiastically Recommended					
Attitude, extra curricular participation, awards, athletics, etc. and infractions, in-school and out-of-school suspension, alternative school, expulsions.																										
Court system probation (Provide details to the CTC Principal.)																										
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

Interview Optional

DISTRICT PRINCIPAL'S SIGNATURE _____ **DATE** _____ **TOTAL POINTS**