

High School Student Admissions Application



Student: Complete Sections I, II, and III then return with your parent's signature to your high school guidance counselor.
School Counselor/Principal: Complete Section IV.

I. Name _____ **Date of Birth** _____
 Last First Middle Male Female

Address _____ **Phone** _____
 Street City Zip

Present High School _____ **Present Grade** _____

II. I hereby submit an application to be considered for enrollment in the following career and technical education program:
 Please place (1) next to first choice, (2) next to second choice.

___ Automotive Body Technology	___ Dental Assisting	___ Machine Technology
___ Automotive Technology	___ Early Childhood Education	___ Masonry
___ Carpentry	___ Electrical Occupations	___ Pre-Engineering Drafting & Design
___ Computer Networking Technology	___ Forestry Technology	___ Welding Technology
___ Cosmetology	___ Health and Medical Assisting	
___ Culinary Arts		

III. I understand that every effort will be made to consider me for my first choice and that I will be counseled further if this is not possible. I will, at all times, give my best effort so that I might profit from this educational experience.

Student:
 I further understand that, upon successfully completing my major course selection, I will be eligible to receive a Certificate of Achievement from SCTC. Credits earned while at SCTC will apply toward my graduation requirements for my high school diploma awarded by my local school district.

Parent:
 I have reviewed the brochure material with my child and I am anxious to have him/her take advantage of the career and technical education curriculum. I hereby give permission for a transcript of school records to be forwarded to the Somerset County Technology Center, including attendance, discipline, testing information, and special education information (if applicable).

_____	_____
Student Signature	Parent or Guardian Signature
_____	_____
Date	Date

IV. This section is to be completed by the sending school's Guidance Counselor on behalf of the student/applicant:

- Transcript
- Discipline Record
- Standardized Testing Records
- Attendance Records
- Special Education/IEP (if applicable)
- PA Secure ID # _____

_____	_____
High School Principal	High School Guidance Counselor
_____	_____
Date	Date

It is the policy of the Somerset County Technology Center and the eight participating districts – Berlin-Brothersvalley, Meyersdale Area, North Star, Rockwood Area, Shade-Central City, Shanksville-Stonycreek, Somerset Area and Turkeyfoot-Valley Area – not to discriminate on the basis of sex, age, disability, race, color, sexual orientation and national origin in its education and vocational programs, activities, or employment as required by Title IX, Section 504 and Title VI, and further services, activities, and facilities are accessible to and useable by persons with disabilities. Lack of English language skills will not be a barrier to admission and participation in career and technical education.

For information about your rights or grievance procedures, contact the Title IX Coordinator/Section 504 Coordinator, Administrative Director at 281 Technology Drive, Somerset, PA 15501. Phone: 814-443-3651. EO/EOE