High School Student Admissions Application

Somerset County Technology Center
281 Technology Drive – Somerset, PA 15501

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 _____ _____
Last First Middle **Date of Birth**

Address _____
Street City Zip Code

Parent/Guardian Phone _____ **Student Cell Phone** _____

Parent/Guardian Email _____ **Student Email** _____

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.

___ Aspiring Educator	___ Cosmetology	___ Health Occupations
___ Automotive Technology	___ Culinary Arts	___ Heating, Ventilation, Air Conditioning, Refrigeration
___ Aviation Maintenance Technology	___ Dental Assisting	___ Machine Technology
___ Carpentry	___ Drafting & Design Technology	___ Masonry
___ Collision Repair & Refinishing	___ Electrical Occupations	___ Welding Technology
___ Computer Networking	___ Forestry Technology	

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 Date **Parent or Guardian Signature Date**

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

☐ **Transcript (8th & 9th Grade)** ☐ **Discipline Record** ☐ **Standardized Testing Records (8th Grade)**
☐ **Attendance Records (8th & 9th Grade)** ☐ **Special Education/IEP (if applicable)** ☐ **PA Secure ID #** _____

_____ _____
High School Principal Date **High School Guidance Counselor 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. EOI-EOE