

**WESTERN AREA CAREER & TECHNOLOGY CENTER
APPLICATION: 2nd and 3rd YEAR STUDENT**

Please **complete in full** and print all information:

Student Name _____ Current Grade Level _____
Last Name M.I. First Name

Expected Graduation Year _____ Gender: ___M ___F _____/_____/_____
Date of Birth

Race: (Please check one)
___ Multi-Racial ___ American Indian/Alaskan Native ___ Asian/Pacific Islander
___ Black (Non-Hispanic) ___ Hispanic ___ White (Non-Hispanic)

Student Address: _____ Home Phone Number (_____) _____
City State Zip Code

Application Date: ____/____/____ Session: ___AM ___PM ___Both

Career/Technology Program:
First Choice: _____ Second Choice: _____

Contact Information	
Student Resides With: ___Parents ___Mother ___Father ___Grandparents ___Guardian ___Other	
Parent/Guardian _____ Last Name M.I. First Name	
Address _____ Phone (_____) _____ _____	
e-Mail _____ Parent	e-Mail _____ Student

This Section to be Completed by the Sending District		
Student Information (Check all that apply)		
___None ___Military Family ___Economical Disadvantage ___English Learner ___Homeless ___Foster Care		
Exceptionalities (Check all that apply)		
___ None	___ Intellectual Disability	___ Autism
___ Gifted	___ Physical Disability	___ Visual/Hearing Impairment
___ Emotional Disturbance	___ Other Health Impairment	___ Speech/Language Impairment
___ Learning Disability	___ 504	___ Other _____ Specify
Home School _____		District Authorization
Student's transcript, IEP and most recent PSSA/Keystone student assessment must be included with this Application. NOTE: Do not include IEP if already on file at WACTC.		

E.O.E.

WESTERN AREA CAREER & TECHNOLOGY CENTER
Parent's/Guardian's Consent of Authorization

THIS IS TO CERTIFY that _____
Student's Full Name

has my permission to participate in a program of study that may involve the operation of power machinery, working with electrical apparatus, and/or selected projects of educational value under the supervision of an approved Instructor.

I consent to allow my son/daughter to receive emergency first aid at Western Area Career & Technology Center in the event of sudden illness or accident. If his/her condition should require treatment by a doctor, and one of the persons listed on the emergency information card cannot be reached, I further give permission for him/her to be transported by an ambulance to the nearest hospital available. I will assume the necessary expense, if any.

I have a preference that _____ Hospital be used.
Health Insurance Company _____

By signing below, I hereby certify that I am the legal parent/guardian of the above-named child.

Parent's/Guardian's Signature

Date

E.O.E.