Western Area CTC

Western Area Career & Technology Center

688-Western Avenue, Canonsburg, PA 15317 - 724.746.2890 - Fax 724.746.6966 - www.wactc.net

Application for First Year Student

Full Legal Name: _____ **Current Grade:** _____
Last Name, First Name, Middle Name,

Race:
____ Multi - Racial (Check all that apply) ____ American Indian/Alaskan Native
____ Asian/Pacific Islander ____ Black (Non-Hispanic) ____ White (Non- Hispanic) ____ Hispanic

Date of Birth: _____/_____/_____ **Gender:** Male: ___ Female:___

Student Address: _____ **Contact Phone:** _____
_____ _____ _____ **Student Cell:** _____
City State Zip Code

Western Area Program Applying for:

First Choice: _____ **Second Choice:** _____

Session: AM ___ PM____ Both ___ **Graduation Year:** _____

Career Objective: (What do you want to obtain from Western Area CTC):
_____
_____
_____

Post Graduation Plan: Work: ____ School: ____ Union: ____ Military: ____

Contact Information

Student Resides with: __ Parents __ Single Mother __ Single Father __ Grandparents __ Guardian __ Other

Parent(s)/Guardian: _____ **Cell Phone:** _____
Last Name, First Name

Parent(s)/Guardian Address: _____ **Check if same as student** ☐

Email Address: _____ **Email Address**: _____
Parent/Guardian Student

Parent/Guardian permission to attend WACTC: _____
Parent Signature

Western Area CTC

Western Area Career & Technology Center

688-Western Avenue, Canonsburg, PA 15317 - 724.746.2890 - Fax 724.746.6966 - www.wactc.net

Parent's/Guardian's Consent of Authorization

THIS IS TO CERTIFY:

that_____(Student Legal 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, and to participate in all programs of study field trips.

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

Medical Information

List ALL Allergies: **Epi-Pen:** Yes: ___ No: ___

_____

_____

List ALL Current Conditions:

_____

_____

Medical/Mental Health History & Last Episode:

_____

_____

All Current Medications:

_____

_____

If continued on back of page check here: ☐

Western Area CTC

Western Area Career & Technology Center

688-Western Avenue, Canonsburg, PA 15317 - 724.746.2890 - Fax 724.746.6966 - www.wactc.net

School District to Complete

Student Name: _____ Grade: ____ Graduation Year: _____

School checklist please include the following:

☐ Discipline Records ☐Attendance Records ☐ Transcripts ☐IEP/504

PA Secure ID #:_____

Entry Dates For PIMS Reporting: Was Student Retained: Yes:____ No:___ Date:___/___/___

9th Grade: ____/____/_____ School: ___/___/____ District: ___/___/____ State: ___/___/____

Application without the above dates and PA Secure ID # will not be accepted

Student Information (Check all that apply)

____None ____Military Family ____Economical Disadvantaged _____Free & Reduced Lunch

____English ____Bilingual ____Homeless ____Foster Care

_____\

Exceptionalities (Number 1 for Primary, 2 for Secondary, Etc.)

____ None	____ Intellectual Disability	____ Autism
____ Gifted	____ Physical Disability	____ Visual/Hearing Impairment
____ Emotional Disturbance	____ Other Health Impairment	____ Speech/Language Impairment
____ Learning Disability	____ 504 ____ IEP	____ Other Specify _____

Home School/Cyber School Name: _____

District Authorization: _____ Date ___/___/ ____

Administrative Signature

_____

For WACTC Office Use Only

WACTC Student ID #: _____ Date Application Received: _____/_____/_____

Non-Traditional Shop: _____