



www.WACTC.net

CTE Student/Parent Application Instructions

2024-2025 Parent Guide:

Access Student Enrollment Application

*** It is best to complete this application on a computer or tablet***



Log onto www.wactc.net



Select Online Student Registration



Select Home School District



Fill out required information
(Fields marked with a "Red*")



Click Submit and a confirmation email will be sent to
the email address on the application.



Contact:

Melissa Hill @ 724.746.2890 x 100

mhill@wactc.net

Select Home School:

Online Student Registration

CTE Student/Parent Application Instructions

Avella

Bethel Park

Burgettstown

California

Canon-McMillan

Central Christian Academy

Welcome to "Home School" Screen will appear:

Welcome to Chartiers-Houston SD

Welcome



High School Applicants

Any student in grades 10 through 12 in the attendance area of Western Area Career & Technology Center may be considered for enrollment. No student, otherwise eligible, shall be excluded on the basis of race, color, religion, sex, national origin or handicapping condition; nor will such student be excluded from participation in, be denied the benefits of or otherwise be subjected to discrimination under and of the programs or student organizations of Western Area Career & Technology Center.

The attendance areas of Western Area Career & Technology Center are Avella Area, Burgettstown Area, Canon McMillan, Chartiers-Houston, Fort Cherry, McGuffey, Peters Township, Trinity Area and Washington.

High school student applications must be completed, and parental permission is required to enroll in any course. An application is obtained through the Guidance Department of the nine member (attendance area) school districts.

Any student in grades 10 through 12 presently attending a parochial school and residing in one of the nine member districts may also apply for admission to Western Area Career & Technology Center. Applications must be submitted through the member high school serving the student's place of residence.

Enter ALL Household Information:

Household Information

* Student Last Name:

Please enter **Student's Last Name.**

****Please capitalize the first letter of Last Name**

* Language:

Select the **Household Language.**

* Registration Date - Enter current date:

Enter **Today's Date.**

MM/DD/YYYY
or
Use Calendar Selection Tool

* Physical Address

Number Suffix Street

Apartment

City Pennsylvania

Zip Code Zip 4 United States of America

Enter **Student's Full Physical Address.**

***ZIP 4 is not required

Mailing Address Same as Physical:

Uncheck **if** Physical Address differs from Mailing Address.

Mailing Address

Suffix Number Street

Apartment

Po Box

City Pennsylvania

Zip Code Zip 4 United States of America

Enter Student Information:

Student Information

* Name

First Name Middle Last Name

Enter Student's **Full Legal Name.**

****Please capitalize first letter of student's First, Middle and Last Names.**

* Next Year Grade Level:

Select student's Grade Level for 24-25 school year.

Expected Graduation Year:

Please enter student's **Expected Year of Graduation.**

* Gender:

* Date Of Birth:

Enter Student's **Birthdate.**

MM/DD/YYYY
or
Use Calendar Selection Tool

* Race:

Select all Race value(s) that apply.

Hispanic:

Check box if student identifies as Hispanic.

* Language:

Select **Student's Spoken Language.**

* Country Of Birth:

Enter all information marked and any Medical Information that Western Area Career & Technology Center should be aware of:

<p>* What is your Career Goal?: <input type="text"/></p>	<p>Please give your answer in full sentence(s).</p>
<p>* Career/Technology Program - First Choice: <input type="text"/></p>	<p>Select student's <u>FIRST</u> choice of program.</p>
<p>* Career/Technology Program - Second Choice: <input type="text"/></p>	<p>Select student's <u>SECOND</u> choice of program.</p>
<p>Post Graduate: What are you plans for after high school graduation?:</p> <p><input checked="" type="radio"/> Community College <input type="radio"/> 4-Year College <input type="radio"/> Military <input type="radio"/> Work <input type="radio"/> Other</p>	
<p>* Parent/Guardian Sign-Off: <input type="checkbox"/></p>	<p>I have reviewed this Interest Survey completed by my son/daughter and give my approval to submit it for consideration of acceptance in the program(s) stated above.</p>
<p>* Student Sign-Off: <input type="checkbox"/></p>	<p>I as the student applying, have reviewed this Interest Survey and completed. I give my approval to submit it for consideration of acceptance in the program(s) stated above.</p>

Student Contact Information & Submit:

List ALL Allergies:

Epi-Pen: Yes No

List ALL Current Conditions:

Medical/Mental Health History & Last Episode:

All Current Medications:

Hospital Preference:

Health Insurance Company:

* Parent/Guardian Sign-Off (Health):

This information is optional but, if there is a Medical Condition WACTC will need that information listed here.

Enter Hospital Preference.
(if applicable)

Enter Insurance Company.
(if applicable)

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.

Student Contact Information

 Add


*** Name**
First Name Middle Last Name

Enter Parent/Guardian Name.

*** Contact Type:**
Student Guardian


*** Relationship to Student:**

*** Contact Gender:**

*** Phone**
Phone Type 999-999-9999 Exte Unlisted 

Email Address

Please enter Parent or Guardian's email address.

Email Type Email Address 

Same as Household Address:

Uncheck and complete if contact does not reside in Student's Household.

Guardian Mailing Address

Suffix Number Street

Apartment

Po Box

City Pennsylvania

Zip Code Zip 4 United States of Americ

 Submit 