



# CTE Student/Parent Application Instructions

# Access Student Enrollment Application

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



Log onto [www.wactc.net](http://www.wactc.net)



Select "Online Registration New Students"



Select Students Home School District



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



Click Submit a confirmation email will be sent.



Contact:

Melissa Hill @ 724.746.2890 x 100

[mhill@wactc.net](mailto:mhill@wactc.net)

Select Home School and Log On:

## Online Registration for New Students for the 26-27 School Year

CTE Student/Parent Application Instructions

Avella

Bethel Park

Burgettstown

Welcome to “Home School” Screen will appear:

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, Central Christian Academy, Chartiers-Houston, Commonwealth Charter Academy, 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

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

**\*\*ZIP 4 is not required**

Mailing Address Same as Physical:

☐

Mailing Address

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

\* No. of Adults:

Number of Parents/Guardians living in household.

\* Phone

   ☐ Unlisted

Enter **Phone Type** and **Number** for **Primary Guardian**.

Enter Student Information:

Student Information

\* Name

First Name

Middle I

Last Name

\* Student resides with:

☐ Parents

☐ Single Mother

☐ Single Father

☐ Grandparents

☐ Guardian

☐ Other

\* Next Year Grade Level:

Expected Graduation Year:

\* Gender:

\* Date Of Birth:

\* Race:

Hispanic:

☐

\* Language:

English

\* Country Of Birth:

United States of America

Enter Student's Full Legal Name.

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

Select student's Grade Level for the 25-26 school year. This is the grade you are applying for.

Please enter student's Expected Year of Graduation.

Legal Gender

Enter Student's Birthdate.

MM/DD/YYYY or Use Calendar Selection Tool

Select all Race value(s) that apply.

Check box if student identifies as Hispanic.

Select Student's Spoken Language.

\* What is your Career Goal?:

Please give your answer in full sentence(s).

\* Career/Technology Program - First Choice:

Select student's FIRST choice of program.  
Selecting a first choice does not guarantee placement.

\* Career/Technology Program - Second Choice:

Select student's SECOND choice of program.

Post Graduate: What are you plans for after high school graduation?:

- ☒ Community College  
☐ 4-Year College  
☐ Military  
☐ Work  
☐ Other

\* Parent/Guardian Sign-Off:

☐

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.

\* Parent Signature:

By entering your signature you are authorizing WACTC to enroll your student.

\* Student Sign-Off:

☐

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.

Parent / Guardian **MUST** check box and type their name in the Signature Box. The student must sign-off by checking the box.

## Enter all Medical Information for Western Area CTC records if applicable:

List ALL Allergies:

Epi-Pen:

☐ Yes

☐ No

List ALL Current Conditions:

Medical/Mental Health History & Last Episode:

All Current Medications:

Hospital Preference:

Enter Hospital Preference.  
(if applicable)

Health Insurance Company:

Enter Insurance Company.  
(if applicable)

\* Parent/Guardian Sign-Off (Health):

☐

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.

These boxes should be used for any student with ADD, ADHD, Anxiety, Depression, Panic Attacks, etc. that are medically treated with medicine.

## Student Contact Information & Submit:

### Student Contact Information

 Add

\* Name

First Name Middle Last Name

Please click the (+)  
ADD for additional  
contacts.  
Enter Parent/Guardian  
Name.

\* Contact Type:

Student Guardian

Please add AT LEAST ONE Parent or Guardian and an  
Emergency Contact!  
Additional contacts can be added by clicking the (+) ADD  
button at the top of THIS section.

Student Guardian = A Parent or Guardian of the student.  
Emergency Contact = Non-Parent or Non-Guardian to be  
contacted in case of an emergency.


Custodial Parent:




\* Relationship to Student:

\* Contact Gender:

\* Phone

Phone Type 999-999-9999 Ext Unlisted  Add

Email Address

Email Type Email Address  Add

Please enter Parent or  
Guardian's email address.  
We prefer this form of  
communication.

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 America

Please click the (+)  
ADD button at the top  
of this section for  
additional contacts.

 Submit