



www.WACTC.net

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
- 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

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.

Enter Today's Date.

MM/DD/YYYY

or

Use Calendar Selection Tool

* Registration Date - Enter current date:

* Physical Address

Number	Suffix	Street
Apartment		
City	Pennsylvania	
Zip Code	Zip 4	United States of Americ

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 Americ

* No. of Adults:

Number of Parents/Guardians living in household.

* Phone

Phone Type	999-999-9999	Exte	<input type="checkbox"/> Unlisted
------------	--------------	------	-----------------------------------

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

Enter Student Information:

Student Information

* Name

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

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

* Student resides with:

- Parents
- Single Mother
- Single Father
- Grandparents
- Guardian
- Other

* Next Year Grade Level:

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

Expected Graduation Year:

Please enter student's
Expected Year of Graduation.

* Gender:

Legal 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:

* 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.

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

* Parent Signature:

* 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 M 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 

Email Address

Email Type Email Address 

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 <input type="text"/>	Number <input type="text"/>	Street <input type="text"/>
Apartment <input type="text"/>		
Po Box <input type="text"/>		
City <input type="text"/>	Pennsylvania <input type="text"/>	
Zip Code <input type="text"/>	Zip 4 <input type="text"/>	United States of America <input type="text"/>

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

 Submit