

STUDENT APPLICATION FOR ADMISSION

Top Section to Be Completed by Student and Parent/Guardian (Print or Type)

HOME SCHOOL _____ GRADE _____ DATE _____

NAME _____ BIRTH DATE _____
 (Last) (First) (Middle) (Month/Day/Year)

ADDRESS _____ PHONE _____
 (Street / PO Box) (City)

C.C.C.T.C. COURSE CHOICE

1. _____ 2. _____ 3. _____

FATHER OR GUARDIAN _____
 (Name) (Address) If different than above
 Email Address _____ Phone _____

MOTHER OR GUARDIAN _____
 (Name) (Address) If different than above
 Email Address _____ Phone _____

 (Student Signature) (Parent/Guardian Signature)

These signatures authorize the Sending School, in accordance with its school district policy: 1.) To release student 'A' and 'B' file records to the Crawford County Career and Technical Center prior to student selection. 2.) To permit CCCTC personnel to interview the applicant prior to student selection. 3.) To permit the applicant to attend work session(s) in any of the Career- Technical School's shops. 4.) To permit student to enroll.

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To Be Completed by The Sending School

Current Grade Level 9 10 11 Current Math Course _____

Pennsylvania State Reporting Section

Student ID _____ PA Secure ID _____ Male Female

Special Needs Code(s) _____ Economically Disadvantaged- Lunch: Free Reduced

Resident or Non-Resident _____ PA Start Date _____

District of Residence

Race/Ethnicity: Hispanic/Latino Black Asian Pacific Islander American Indian/Alaskan White