

2016-2017

LAWRENCE COUNTY CAREER AND TECHNICAL CENTER

750 Phelps Way, New Castle, Pennsylvania 16101
Telephone: 724-658-3583 – www.lcvt.tec.pa.us



Application for Admission

To be completed by Parent or Guardian

Date Received
Intended Start Date
Enrolled in PowerSchool
OFFICE STAFF USE ONLY

Please Print All Information except Signatures (with black or Blue Pen, Please)

Student's Full Name
CTC School ID#
PA Secure ID#

Date of Birth
Age
Gender Male Female

Entering Grade Level 10th 11th 12th Attending High School/District

Home Address

1. Primary Contact Name Relationship Mother Father Other

2. Primary Contact Name Relationship Mother Father Other

Primary Home Phone # Cell Phone 1 # Cell Phone 2#

Student Lives with Both Parents Mother Father Guardian Other

Alternate Contact Name Relationship

Address Phone

\*Student - Please Choose Which Program(s) You Wish to Study at Lawrence County CTC:

Place #1 for your first choice and #2 for your second choice.

- Auto Technology, Collision Repair, Commercial Art, Computer and Office Technology, Construction Trades, Cosmetology, Electrical Occupations, Health Assistant, Machine Tool Technology, Masonry, Oil & Gas, Restaurant Trades, Veterinary Tech, Welding

Student Signature Date

Parent's Note: I hereby give my son/daughter permission to apply for admission to LCCTC. I also grant permission to the home school counselors to release any and all information and records to LCCTC necessary for consideration of my child's application. I also realize that final acceptance to LCCTC is based on the following credit accumulation: A minimum of four (4) full credits, including one (1) each in 9th grade Math and English; A minimum of nine (9) full credits, including one (1) each in 9th grade Math and English and 10th grade English and Math is required to enter 11th grade.

Parent/Guardian Signature Date

Application Cannot Be Processed Without This Signature

The Lawrence County and Career and Technical Center will not discriminate in employment, educational programs or activities, based on race, age, national origin, sex, or handicap. This policy of non-discrimination extends to all other legally protected classifications. This policy is in accordance with state and federal Title VI and Sections 503 and 504 of the Rehabilitation Act of 1973. For more information contact the principal, LCCTC, 750 Phelps Way, New Castle, PA 16101. Phone number 724-658-3583



LAWRENCE COUNTY CAREER AND TECHNICAL CENTER

**Application for Admission**

*To be completed by Home School Personnel*

*An Equal Rights and Opportunities Career and Technical Center*

Student's Name \_\_\_\_\_  
*First Middle Last Suffix*

Student's PA Secure I.D. \_\_\_\_\_ Gender \_\_\_\_ Race \_\_\_\_\_

**Part I. Scholarship / Attendance / Discipline Records/Misc.:**

- \_\_\_\_\_ 1. Please attach a copy of student's **TRANSCRIPT**
- \_\_\_\_\_ 2. Please attach a copy of student's most recent **REPORT CARD**
- \_\_\_\_\_ 3. Please include student's **DISCIPLINE RECORDS**
- \_\_\_\_\_ 4. Please include student's **ATTENDANCE RECORDS**
- \_\_\_\_\_ 5. Please attach a copy of student's **BIRTH CERTIFICATE**
- \_\_\_\_\_ 6. Please include a copy of "**All subjects in progress**"
- \_\_\_\_\_ 7. Please include a copy of **PSSA and KEYSTONE** results
- \_\_\_\_\_ 8. Does the student have a **\*504 PLAN?** Yes \_\_\_\_ No \_\_\_\_
- \_\_\_\_\_ 9. Does the student have an **\*IEP?** Yes \_\_\_\_ No \_\_\_\_
- \_\_\_\_\_ 10. Does the student receive **\*FREE AND REDUCED LUNCH?** Yes \_\_\_\_ No \_\_\_\_  
(\*If applicable, please provide proper paperwork)
- \_\_\_\_\_ 11. Is the student participating in the Student Assistance program? Yes \_\_\_\_ No \_\_\_\_
- \_\_\_\_\_ 12. If yes, please provide background information. \_\_\_\_\_

Please **add and/or attach any other information that may be helpful** to us considering the student's future success at **LCCTC**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Counselor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Part II. Health Information

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

A. Please attach a copy of the student's immunization record.

B. Does the student have any physical handicaps that will require accommodation at the Lawrence County CTC? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify \_\_\_\_\_

C. Does the student have a hearing or vision impairment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

D. Is the student a diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_

E. Does the student require an Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENTS WILL NOT BE ALLOWED TO ATTEND LCCTC WITHOUT PROPER MEDICAL RECORDS.**

**2016-2017 Lawrence County Career & Technical Center  
Verification of PIMS Student Information**

\* Student Name: \_\_\_\_\_ \* Gender: \_\_\_\_\_ \* Race: \_\_\_\_\_  
 \* School: \_\_\_\_\_ \* D.O.B: \_\_\_\_\_ \* Grade: \_\_\_\_\_  
(Home District) (Grade entering LCCTC)

\* Student lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Foster \_\_\_\_\_  
(Relationship) (Guardian Name)  
 Student's Address: \_\_\_\_\_  
(Primary address where student resides)

\* Parent/Guardian Name(s):  
 Mothers Name: \_\_\_\_\_  
 Mothers Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 \_\_\_\_\_  
 Fathers Name: \_\_\_\_\_  
 Fathers Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 \_\_\_\_\_

LCCTC is **required** by the Department of Education to collect certain data for all students.  
 Please answer **ALL** questions appropriately.

**Required Information:**

STUDENT - FIRST NAME:	
STUDENT - MIDDLE NAME:	
STUDENT - LAST NAME:	
DATE OF BIRTH:	
ETHNICITY:	
CITY AND STATE OF BIRTH:	
DATE ENTERED PA: <small>IF BORN OUT OF STATE</small>	
9 <sup>TH</sup> GRADE ENTRY DATE:	
STUDENT HAS IEP:	YES NO
Is STUDENT A SINGLE PARENT:	YES NO
HOME SCHOOL OF RESIDENCE:	
EXPECTED POST GRAD ACTIVITY: <small>2 YR/4 YR COLLEGE, WORK, TECH SCHOOL ECT.</small>	
SHOP/PROGRAM ENROLLED:	
DATE ENTERED LCCTC: Free/Reduced Lunch Program (Students are STILL required to complete a Free/Reduced application for LCCTC.)	FREE REDUCED NONE
PA SECURE ID # <small>(LCCTC USE)</small>	

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# LAWRENCE COUNTY CAREER AND TECHNICAL CENTER

750 Phelps Way, New Castle, PA 16101-5099 ♦ 724-658-3583 Fax 724-658-4753 ♦ www.lcvt.tec.pa.us

## HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA) identify limited English proficient (LEP) students in order to provide appropriate language Instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification process.

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Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Home School District: \_\_\_\_\_

School: Lawrence County Career and Technical Center

1. What was the student's first Language? \_\_\_\_\_

2. Does the student speak a language other than English? YES NO

If yes, specify language \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

Name of person completing this form (if other than parent/guardian):

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the LEA may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the LEA in the future.

# LAWRENCE COUNTY CTC

## Student Residency Questionnaire

Dear Parent or Guardian:

The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights or homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child/children. Thank you for your cooperation.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_


Address where child is living now: \_\_\_\_\_

Person child is living with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact number (s): \_\_\_\_\_ Cell: \_\_\_\_\_

In what type of setting is the student living now? Check one box below:

➤ **Check one box below either in Section A or Section B:**

SECTION A	SECTION B
<ul style="list-style-type: none"> <li>○ <b>Living in an emergency or transitional shelter/housing due to:</b> _ economic hardship (loss of housing/job) _ flood/fire, _ other: _____.</li> <li>○ <b>Sharing the housing with another person/or family due to:</b> _ economic hardship (loss of housing/job) _ flood/fire, _ other: _____.</li> <li>○ <b>In a motel, hotel, campsite, substandard housing, or a car due to:</b> _ economic hardship (loss of housing/job) _ flood/fire, _ other _____.</li> <li>○ <b>With adult that is not a parent or legal guardian, or alone without an adult due to:</b> _ economic hardship (loss of housing /job) _ flood/fire, _ other: _____.</li> <li>○ <b>Other: In an arrangement that is not fixed and is not described in the other choices above, due to:</b> _ economic hardship (loss of housing/job) _ flood/fire, _ other: _____.</li> </ul> <p><b>If you checked any box in Section A, continue completing the information below.</b></p>	<ul style="list-style-type: none"> <li>○ <b>None of the choices in Section A apply:</b></li> </ul> <div style="text-align: center;">  </div> <p><b>If you checked this section, you do not need to complete the remainder of this form.</b></p> <p><b>Please sign and date form..</b></p>

The child lives with: (Check all that apply)

- Parent(s) or legal guardian. (legal guardianship MUST provide legal documentation)
- Alone
- Relative, friend(s) or other adult(s)
- Other: \_\_\_\_\_

**In the event that the child is not living with parents. A copy of any legal proceeding MUST be attached to the enrollment application.**

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# LCCTC Admission Requirements

**To enter 10<sup>th</sup> Grade at LCCTC you must have:**

- **4 Total Credits including**
  - 1 *Full Credit* in English – passing grade
  - 1 *Full Credit* in Math – passing grade
  - 2 *Full Credits* in 2 other subjects
  - A *Good Attendance Record*
  - A *Good Discipline Record*

*½ Credit in English or ½ Credit in Math will not be considered acceptable.*

*If you do not have these credit requirements you should attend Lawrence County CTC Summer School or your Home District Summer School. You will not be admitted without them.*

**To enter 11<sup>th</sup> Grade at LCCTC you must have:**

- **9 Total Credits including**
  - 2 *Full Credits* in English
  - 2 *Full Credits* in Math
  - 1 *Full Credit* in Science
  - 1 *Full Credit* in Social Studies
  - ½ *Credit* in Physical Education
  - A *Good Attendance Record*
  - A *Good Discipline Record*

*1½ Credits in English or 1½ Credit in Math, or ½ Credit in Science or Social Studies will not be considered acceptable.*

*If you do not have these credit requirements you should attend Lawrence County CTC Summer School or your Home District Summer School. You will not be admitted without them.*

*Revised 8/2007*

*An Equal Rights and Opportunities Career and Technical Center*