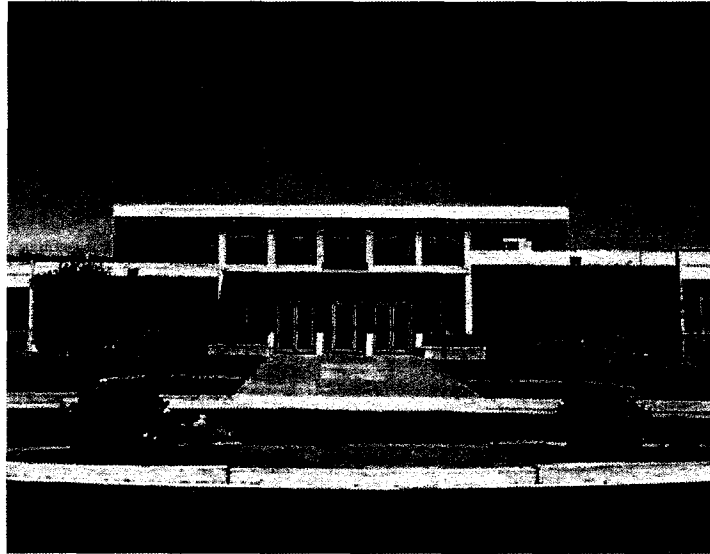


# West Side Career & Technology Center

75 Evans Street  
Pringle Borough  
Kingston, PA 18704  
(570) 288-8493

## APPLICATION FOR ADMISSION



*West Side Career and Technology Center is an equal opportunity institution which does not discriminate on the basis of race, color, national origin, gender, or handicap in its activities, programs, or employment practices as required by Title VI, Title IX, and Section 504. For information regarding civil rights or grievance procedures, contact the Title IX and Section 504 Coordinator, Mr. David Williams, West Side CTC, 75 Evans Street, Kingston, PA 18704-1899 (570) 288-8493, ext. 127.*

West Side Career and Technology Center  
Application for Admission

Please type or print using a ballpoint pen.  
Complete all pages and return to your guidance counselor.

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female

Ethnic Group: (Check one)

American Indian  Asian  African American  Hispanic  White  Other

Present School: \_\_\_\_\_ District of Residence: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ Grade Level 2011-2012 SY: \_\_\_\_\_

Current Math Course: (Please check one)

General Math  Pre-Algebra  Algebra I  Algebra II  Algebra II  
 Geometry  Trigonometry  Pre-Calculus  Other \_\_\_\_\_

**Type of Enrollment**

**Full-Time**  **Part-Time**

**Parent/Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

For office use only: Assignment: 01  04

Program Placement: \_\_\_\_\_ Career Code: \_\_\_\_\_

Course Number: \_\_\_\_\_

**TO BE COMPLETED BY YOUR SCHOOL COUNSELOR AND/OR ADMINISTRATION:**

Student Name: \_\_\_\_\_

**SELECTION AND PLACEMENT CRITERIA**

Directions: Evaluate the student on the following criteria by checking the appropriate description on the rating scales.  
(Please base your evaluation on the present school year) S.Y. \_\_\_\_\_ - \_\_\_\_\_

**ATTENDANCE**      \_\_\_\_\_ Excellent      \_\_\_\_\_ Average      \_\_\_\_\_ Below Avg.      \_\_\_\_\_ Habitual  
(0 - 4 days)      (5 - 10 days)      (11 - 20 days)      (21 or more days)

**ACADEMIC**      \_\_\_\_\_ Excellent      \_\_\_\_\_ Good to Fair      \_\_\_\_\_ Poor  
**ACHIEVEMENT**      (4.0 - 3.0)      (2.9 - 2.0)      (less than 2.0)

**OTHER RELEVANT CONSIDERATIONS:** \_\_\_\_\_

Based upon my knowledge of this student's discipline, attendance and academic achievement records:

I recommend

I do not recommend

Placement of this student to West Side Career and Technology Center.

**COMMENTS:**

**STUDENT STATUS:**      \_\_\_\_\_ Regular Education      \_\_\_\_\_ Special Education  
Please check one category      (Please send IEP indicating West Side CTC as the placement)  
   \_\_\_\_\_ 504 Plan (Please send current plan)      \_\_\_\_\_ Cyber School

Signature of Counselor or Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

at \_\_\_\_\_  
Name of Middle/Junior/Senior High School

A student's application is not considered complete until all supporting documents are attached.

# WEST SIDE CAREER AND TECHNOLOGY CENTER

## Course Selection

0010 Management Inform. Sys. C010	0070 Marketing D/E C070	0130 Law Enforcement* C030
0030 Automotive Technology C030	0080 Health Tech C080	0150 Audio Visual C150
0040 Auto Body Tech C040	0090 Electrical Occ. C090	0160 Plumbing C160
0050 Building Const. C050	0110 Culinary Arts C110	0180 Comp. Maintenance/Tech C180
0060 Cosmetology* C060	0120 Machine Tech C120	0190 Computer Network/Security C190

\*Indicates a (3) year program- grades 10 to 12 only

**Please review the technical areas listed above and list three programs.**

**1<sup>st</sup> Choice** \_\_\_\_\_

**2<sup>nd</sup> Choice** \_\_\_\_\_

**3<sup>rd</sup> Choice** \_\_\_\_\_

### Sworn Statement Pursuant to Section 1304-A of the Public School Code of 1949 as Amended

The undersigned, being the parent/guardian, or person having control or charge of \_\_\_\_\_, a student about to enroll in the West Side Career and Technology Center, verifies that said student

**WAS or WAS NOT**  
(please circle one)

previously suspended or expelled from any public or private school of this Commonwealth or of any other state for an act or offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

I understand that any willful false statement made herein constitutes a misdemeanor of the third degree.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

The primary goal at West Side CTC is to prepare students for employment and/or post secondary education. We recognize that passing grades, attendance and appropriate behavior are all important to employees and post-secondary choices. As a result, the criteria for acceptance at West Side CTC will be determined by grades, attendance, discipline records and guidance counselor recommendation.

**WEST SIDE CAREER AND TECHNOLOGY CENTER**  
**EMERGENCY INFORMATION RECORD**

Present Grade: \_\_\_\_\_ Technology Program: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip)

Parent/Guardian's Name: \_\_\_\_\_  
(Primary Parent/Guardian)

Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext.: \_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
(Secondary Parent/Guardian)

Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext.: \_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Name of additional person(s) willing to assume responsibility in your absence:**

1. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext.: \_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext.: \_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**\* I give the school permission to take my child to the nearest hospital in case of serious accident or illness.**  
**\* Hospital preferred by Parent/Guardian: \_\_\_\_\_**

**WEST SIDE CAREER AND TECHNOLOGY CENTER**  
**EMERGENCY INFORMATION RECORD**

Please check – Does your child have any of the following conditions?

1. Diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

a. Medication(s) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Type of medication? \_\_\_\_\_

2. Heart condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes...check type:

a. Congenital \_\_\_\_\_

b. Organic \_\_\_\_\_

c. Innocent Murmur \_\_\_\_\_

Medication(s): \_\_\_\_\_

Restriction(s): \_\_\_\_\_

Does your child require medication before dental care?

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

3. Epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes...check type:

a. Grand mal \_\_\_\_\_

b. Petite mal \_\_\_\_\_

c. Seizures \_\_\_\_\_

Medications: \_\_\_\_\_

4. Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes...check type:

Medication(s): \_\_\_\_\_

5. Allergy to drugs Yes \_\_\_\_\_ No \_\_\_\_\_

(example: Penicillin, Aspirin, etc.)

6. List other allergies: \_\_\_\_\_

a. Reaction: Mild \_\_\_\_\_ Severe \_\_\_\_\_

b. Medication needed: \_\_\_\_\_

c. Special instructions: \_\_\_\_\_

\_\_\_\_\_

7. List any special problems or restrictions:

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

8. Does your child wear any appliances?  
(example: glasses, hearing aide, etc.)

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

9. Allergy to bee stings: Yes \_\_\_\_\_ No \_\_\_\_\_

a. Reaction: Mild \_\_\_\_\_ Severe \_\_\_\_\_

b. Medication needed: \_\_\_\_\_

c. Special instructions: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Primary Parent/Guardian)

\_\_\_\_\_  
(Date)

**Please return this form to the school nurse.**

**INTERVAL OR UPDATE HEALTH HISTORY**  
**West Side Career and Technology Center**

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

Address \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

**Put a Circle Around Answer**

1. Has your child been in good health in the past year? Yes    No  
 If no, please explain \_\_\_\_\_

2. Has your child has any of the following in the past year:

a) any illness lasting more than three (3) days?	Yes	No
b) any severe injuries or accidents?	Yes	No
c) any fractures or broken bones?	Yes	No
d) any time in hospital?	Yes	No
e) any operations?	Yes	No
f) any drugs or treatments prescribed by a physician or clinic?	Yes	No

If yes to any of the above please explain \_\_\_\_\_

3. In the past year have you noticed that your child has any of the following problems:

a) has trouble with eyes or seeing	Yes	No
b) has begun to wear glasses	Yes	No
c) has begun to wear contact lenses	Yes	No
d) has trouble with ears or hearing	Yes	No
e) has trouble with allergies	Yes	No
f) has trouble with asthma or breathing	Yes	No
g) has trouble with eating or with weight gain or loss	Yes	No
h) has trouble with sleeping	Yes	No
i) has trouble keeping up with activities or his/her friends	Yes	No
j) has trouble with class work	Yes	No
k) has frequent headaches	Yes	No
l) has frequent abdominal/stomach pain	Yes	No
m) has trouble with school	Yes	No
n) has trouble with family	Yes	No
o) has problem with general development and maturity	Yes	No
p) has any emotional problems	Yes	No

If yes to any of the above please explain \_\_\_\_\_

4. a) Is your child under the care of a physician or clinic now? Yes No  
 b) Is your child taking any drugs or treatments or medications now? Yes No  
 If yes to either of the above, please explain \_\_\_\_\_

\_\_\_\_\_

5. a) Has your child seen a dentist in the past year? Yes No  
 b) How would you describe the state of your child's teeth **Circle Those Which Apply**
- |               |      |      |     |
|---------------|------|------|-----|
| Teeth Missing | None | Some | All |
| Teeth Decayed | None | Some | All |
| Teeth Filled  | None | Some | All |

6. Has your child had any immunization in the past 2 years? Yes No  
 If yes, please list and provide dates \_\_\_\_\_

\_\_\_\_\_

7. Has any member of the family developed any serious health problems in the past year? If yes, please explain \_\_\_\_\_ Yes No

\_\_\_\_\_

8. Do you have any concerns regarding your child which you would like to discuss with a nurse? Yes No  
 If yes, contact the school nurse to set up an appointment.

**By my signature below, I give permission to share this information with appropriate staff when necessary.**

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

West Side Career and Technology Center  
75 Evans Street  
Pringle Borough  
Kingston, Pennsylvania 18704-1899  
Phone: 570-288-8493  
Fax: 570-288-3126

***The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient students. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English language learners. Pennsylvania has selected the Home Language Survey as the method for the identification.***

School: West Side Career and Technology Center

Date: \_\_\_\_\_

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

Grade (upon enrollment) \_\_\_\_\_

1. What was the student's first language?

2. Does the student speak a language other than English? If yes, please specify language (do not include languages learned in school)

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

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

4. Person completing this form (if other than parent/guardian):

\_\_\_\_\_

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

## **West Side Career and Technology Center Acceptable Use of the Internet Policy**

The computer and technology equipment at West Side Career and Technology Center is intended to further the educational program of the school by providing students and employees to online research and to use the technology present as an educational tool. Use of the school's technology is to be for these intended purposes only; any violation of the guidelines listed below will result in the loss of computer privileges and possible disciplinary action.

### **ELECTRONIC MAIL POLICY**

Email files are neither confidential nor private; West Side CTC reserves the right to examine files at its discretion. All mail sent includes your Username; you are responsible for any Email sent from your logon.

- You are entirely responsible for all activities conducted through your website account. It is therefore imperative that you keep your logon password secure.
- Attempts to read, delete, copy or modify the electronic mail of others is prohibited.
- Forgery (or attempted forgery) of electronic mail messages is prohibited.
- Sending (or attempts to send) harassing, obscene and/or threatening Email to others is strictly prohibited.
- Sending (or attempts to send) unsolicited junk-mail, "for-profit" messages or chain letters is prohibited.
- Attempting or assisting others in attempting to compromise the security or integrity of the West Side CTC website is strictly prohibited.

### **GENERAL COMPUTING POLICY**

Everyone will be issued a UserID to be used to access the school computer network. Everyone is responsible for any violations to the acceptable use policy which occurs under their logon.

- Sharing a UserID with any other person is prohibited. Any person found using a logon not his/her own may lose network privileges.
- Deletion, examination, copying or modification of files and/or data belonging to another user is prohibited.
- Attempts to change your UserID, or circumvent network logon protocols are prohibited.
- Use of school facilities and/or services for any commercial or non-educational purposes is prohibited.

### **NETWORK SECURITY**

As a user of the school network, you may be allowed to access other computers on the network, therefore:

- Use of systems and/or networks in an attempt to gain unauthorized access to remote or local systems is prohibited.
- Decryption of system and/or user passwords is prohibited.
- The copying, modification and/or deletion of system files is prohibited.

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- Any attempts to “crash” network systems or programs is a serious violation of the acceptable use policy. This would include “tampering” with system settings and/or the downloading or introduction of viruses.

**INTERNET USE**

It is essential for each user on the network to recognize his/her responsibility in having access to vast services, sites, systems and people. The user is ultimately responsible for his/her actions in accessing online services.

- Use of the Internet is restricted to accessing research and other educational materials directly related to the school curriculum. The Internet is not to be used for recreational, game-playing or personal uses.
- West Side CTC reserves the right to monitor and log all Internet use. If it is found that a UserID has accessed a website which contains pornography, sexual material, illegal material/information or any other material contrary to the West Side CTC mission the User may lose all privileges and will be subject to further disciplinary action.

**COMPUTER LAB USE**

The use of the school computer labs and other technology areas (i.e., Library) is restricted to instructional, educational and research purposes only. The following rules apply at all times when using these computing areas:

- No food or drink is allowed at any computer workstations, at any time.
- All users must use their UserID to gain access to their computer, and must log off when they are done using the computer.
- Users may not modify any of the system settings or other software environments of the computers without permission.
- All work is to be saved in the individual’s network folder. Users may not use flash drives, zip or other disks in the school computers without the prior permission of the instructor or supervisor.
- If, at any time, a user’s computer should crash, malfunction or cease operating, the student should immediately notify the instructor or supervisor.

**TERMS AND CONDITIONS**

These terms and conditions are governed by West Side CTC. The school administration reserves the right to modify these terms and conditions at any time without prior notification. These terms and conditions, along with the policies and procedures governing them, apply to all members of the West Side CTC school community.

\_\_\_\_\_  
Employee or Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee or Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date

# STUDENT INTEREST DATA

(Please answer in complete sentences and attach an additional sheet if necessary)

**Student Name:**

**#1 Program choice:**

Why have you selected this program at West Side CTC?

Why do you feel you will be successful in this program (list any special skills or abilities that you may have related to this program of study)?

What are your goals upon completion?

List any other information you would like to share about yourself (employment, school, hobbies, scouting, sports, etc.)

This form can be returned to your counselor; mailed to West Side CTC at 75 Evans St. Kingston, 18704;  
or faxed to (570) 288-3126 – attention: Lorri Vandermark . Questions? Please call (570) 288-8493 Ex. 319.

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