



Date Received @ CWCTC: \_\_\_\_\_

240 Arona Rd. New Stanton, PA 15672 | Tel. (724) 925-3532 | Fax (724) 925-1423 | [www.cwctc.org](http://www.cwctc.org)

## APPLICATION FOR ENROLLMENT 2020 - 2021

### STUDENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

PASECURE ID \_\_\_\_\_

Student's Home Email Address: \_\_\_\_\_

Birth Date \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_ Current Grade \_\_\_\_\_

Sending School District \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 1. American Indian/Alaskan 3. Black/African American  
 4. Hispanic 5. White 6. Multi-Racial 9. Asian 10. Native Hawaiian

### PARENT/GUARDIAN/CONTACT 1

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Primary Parent/Guardian Phone Number \_\_\_\_\_

Other Parent/Guardian Phone \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

### Emergency Contact

Relationship to child \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ PA State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*Please indicate numerically your first, second, and/or third choice. If you are interested in only one program, then mark only one.**

___ Auto Collision Technology	___ Electrical Technology	___ Painting, Restoration & Design
___ Automotive Technology	___ Graphic Design	___ Plumbing
___ Carpentry	___ Health Occupations Tech.	___ Powerline
___ Commercial & Adv. Art	___ HVAC/R	___ Protective Services*
___ Computer & Info. Science	___ Horticulture	___ Robotics Engineering
___ Construction Trades	___ Logistics & Warehouse Mgt.	___ Sports Therapy & Exercise Sci.
___ Cosmetology	___ Machine Trades Technology	___ Welding
___ Culinary Arts	___ Masonry	* Must be at least 10th grade to enroll

\_\_\_ I have visited CWCTC      \_\_\_ I have NOT visited CWCTC

If accepted, I am committed to completing one year of a career and technology program

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission to my son/daughter to attend the Career and Technology Center and he/she is committed to completing the school year in the program indicated above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the above signed, approve my child's IEP to be shared with CWCTC for the purposes of the application process.



## Student Writing Sample

### Directions to Teacher/Parent:

Read the prompt and rubric to the student to ensure understanding. The prompt is designed to be open ended. No Grading is necessary. Please allow the student to respond independently as valid results are necessary for scheduling.

### Prompt

Congratulations, you got the job in your chosen career path! Please write a paragraph or two about what an average work day will look like in that job, including day-to-day tasks, tools and equipment you may use on a daily basis, and how your work will impact your community.

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