

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

P.A. Secure ID # \_\_\_\_\_ School ID #: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Applying for School Year: \_\_\_\_\_ Sending School: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Home Address: \_\_\_\_\_  
Street

City State Zip Code

Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

## Programs of Study

Please select four (4) program choices from the list below. Identify program order of preference with a 1 (first choice), 2 (second choice), 3 (third choice), and 4 (fourth choice)

### Construction Cluster

- \_\_\_\_ Bricklaying
- \_\_\_\_ Building & Property Maintenance
- \_\_\_\_ Cabinetmaking & Finish Carpentry
- \_\_\_\_ Carpentry
- \_\_\_\_ Electrical Technology
- \_\_\_\_ Painting & Decorating
- \_\_\_\_ Plumbing & Heating

### Graphic Communication Cluster

- \_\_\_\_ Advertising Design & Commercial Art
- \_\_\_\_ Printing & Graphic Communications

### Personal Services Cluster

- \_\_\_\_ Baking & Pastry Arts
- \_\_\_\_ Cosmetology
- \_\_\_\_ Culinary Arts
- \_\_\_\_ Early Childhood Education
- \_\_\_\_ Horticulture
- \_\_\_\_ Public Safety & Security
- \_\_\_\_ Business, Marketing & Distribution
- \_\_\_\_ Sewing & Clothing Manufacturing
- \_\_\_\_ Upholstery

### Technical Cluster

- \_\_\_\_ Computerized Drafting Technology
- \_\_\_\_ Electronics & Communication Technology
- \_\_\_\_ Information Technology-Applications
- \_\_\_\_ Information Technology-Web Design

### Manufacturing Cluster

- \_\_\_\_ Machine Shop Technology
- \_\_\_\_ Welding & Metal Fabrication

### Transportation Cluster

- \_\_\_\_ Auto Body Repair
- \_\_\_\_ Automotive Technology
- \_\_\_\_ Diesel Truck Technology
- \_\_\_\_ Motorcycle, Marine & Small Engine Technology

### Health Science Technology Cluster

- \_\_\_\_ Health-Medical Office
- \_\_\_\_ Health-Medical Professions
- \_\_\_\_ Health-Nursing Careers

Student's statement of interest in first choice area: Tell us ABOUT your career goals and WHY you are interested in this area.  
(continue your remarks on separate paper if more space is needed)

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Student's Signature

Parent's/Guardian Signature

## Family Information

Mother/Guardian: \_\_\_\_\_ Lives with? yes \_\_\_ no \_\_\_

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

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

\*E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: \_\_\_\_\_

*\*Email required for internet access to student records (additional registration will be required).*

Father/Guardian: \_\_\_\_\_ Lives with? yes \_\_\_ no \_\_\_

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

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

\*E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: \_\_\_\_\_

### **Alternate Person for Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## **Parental Consent**

This is to certify that \_\_\_\_\_ has my permission to participate in an approved career and technical education program under the authority of the Reading Muhlenberg CTC. This course may involve operation of power machinery and/or working with electrical components. It is the policy of this school to teach the safe use of all tools and equipment involved in the instructional program, reasonable precautions are taken to avoid accident or injury to the students or others within that instructional area. By signing below, I understand there are risks involved in providing career & technical education and do hereby attest that the information contained in this enrollment is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent's/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date