COMPLETE APPLICATION & RETURN TO YOUR SCHOOL GUIDANCE OFFICE

Name: _____________________________________________________________
Application Date: ___________ Student ID #: ___________ PA Secure 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

Ethnicity: Adult T-Shirt Size: ___________

Multiracial – Check one: □ Yes  □ No

Indicate primary race with the number one (1) and secondary race with the number two (2).

   _____ American Indian/Alaskan Native  _____ Asian  _____ Black (Non-Hispanic)

   _____ White (Non-Hispanic)  _____ Hispanic  _____ Native Hawaiian or Other Pacific Islander

**Contact Information**

Mother/Guardian: ____________________________________________ Lives with her? yes___no____

Address: ___________________________________________________

City: __________________________ State: ______________________ Zip Code: _____________________________

*E-mail Address: __________________________

Phone-Home: __________________________ Cell: __________________________ Work: __________________________ Ext: ________

Father/Guardian: ____________________________________________ Lives with him? yes___no____

Address: ___________________________________________________

City: __________________________ State: ______________________ Zip Code: _____________________________

*E-mail Address: __________________________

Phone-Home: __________________________ Cell: __________________________ Work: __________________________ Ext: ________

**Alternate Person for Emergency Contact**

Name: ____________________________________________ Relationship: __________________________

Home Phone: __________________________ Cell Phone: __________________________

Work Phone: __________________________ Ext: ________ E-mail Address: __________________________
Programs of Study

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

If not accepted into one of your choices below, would you consider another program? yes______ no______

Construction Cluster
- Bricklaying
- Building & Property Maintenance
- Carpentry
- Electrical Technology
- Painting & Decorating
- Plumbing & Heating

Manufacturing Cluster
- Engineering & Automation Technology
- 3D Manufacturing Technology
- Welding & Metal Fabrication

Health Sciences Cluster
- Health Dental Occupations
- Health Medical Office
- Health Medical Professions
- Health Nursing Careers
- Health Sports Medicine & Rehabilitation

Personal Services Cluster
- Baking & Pastry Arts
- Cosmetology
- Culinary Arts
- Early Childhood Education
- Horticulture
- Public Safety & Security
- Sewing & Clothing Manufacturing

Graphic Design & IT Systems Cluster
- Advertising Design & Commercial Art
- Computerized Drafting Technology
- Information Technology – Applications
- Information Technology – Web Design
- Printing & Graphic Communications

Transportation Cluster
- Auto Body Repair
- Automotive Technology
- Diesel Truck Technology
- Motorcycle, Marine & Small Engine Technology

Student’s Statement of Interest

Tell us ABOUT your career goals and WHY you are interested in your first choice. (continue your remarks on separate paper if more space is needed)

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Student’s Signature: ____________________________

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
Home School Counselor Recommendations & Comments

Note: The Home School Counselor should complete this section only after the information in Section 1 and 2 are complete. RMCTC will not accept applications with incomplete information.

Name of Counselor: ____________________________________________________________

Rate: (0=poor, 5=excellent)_________ Discipline: ________________________ Attendance: ____________________________________________
(# & type of infractions to date) (# of absences & tardies to date)

Proposed Social Studies Course: __________________________________________________

Comments __________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Please Attach the Following
(check the item)

_____ Student summary from e-schools, including discipline & attendance
_____ Student transcript courses summary from e-schools
_____ Standardized Testing

Please Answer the Following and Attach if Applicable:

<table>
<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>IEP</td>
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<tr>
<td>ER, RR, etc.</td>
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<tr>
<td>Assessment</td>
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Student’s most current IEP
Evaluation Report (ER, RR, etc.)
Student assessment(s) for career technology placement

Please check one:

Resident Status (must indicate one)

_____ Regular
_____ 1302 (Temporary Custody)

Non-Residential Status (must indicate one)

_____ 1305 (Foster Home)*
_____ 1306 (Children’s Home) **
_____ Tuition

______________________________________________
Home School Counselor Signature

______________________________________________
RMCTC Counselor Signature

Student online registration will be put on hold until all required information is received.

*Copy of Placement agency letter required
**PDE-4605 form and copy of court order required

It is the policy of Reading Muhlenberg Career & Technology Center not to discriminate on the basis of sex, handicap, race, color and national origin in its educational programs, activities or employment as required by Title IX, Section 504 and Title VI.