

Part 1 - To be completed by Applicant & Parent or Legal Guardian; Signatures Required

Please PRINT all information:

Full Student Name: _____ Parental/Guardian Home Phone: _____
(no nicknames) (First) (MI) (Last)
Address: _____ Birthdate: _____
(Street)
(Street)
(City) (State) (Zip)

Ethnicity: Multiracial - Check one Yes No
Below, indicate applicant's primary race with the number one (1) and secondary race with the number two (2).
— American Indian/Alaskan Native — Black (Non-Hispanic) — White (Non-Hispanic)
— Asian — Hispanic — Native Hawaiian or Other Pacific Islander

Grade: _____
PA Secure ID: _____

PRINT ALL INFORMATION

STUDENT CONTACT INFORMATION: TO BE COMPLETED BY PARENT/GUARDIAN

PRIMARY CONTACT: Does Student Reside with Primary Contact: Yes No Email Address: _____
 Parent(s) Father Mother Guardian Other (Specify Relationship) _____
Name of Primary Contact: _____
First Middle Last
Address if not same as student: _____
Street Address City State Zip
Home Phone: _____ Work Phone & Ext: _____ Cell Phone _____
Is this Contact Authorized to Pick up Student from BCTC if necessary? Yes No (If so, Photo ID will be required upon arrival)
Should Primary Contact Receive a copy of Mail Correspondence? Yes No

SECONDARY CONTACT: Does Student Reside with Secondary Contact: Yes No Email Address: _____
 Parent(s) Father Mother Guardian Other (Specify Relationship) _____
Name of Secondary Contact: _____
First Middle Last
Address if not same as student: _____
Street Address City State Zip
Home Phone: _____ Work Phone & Ext: _____ Cell Phone _____
Is this Contact Authorized to Pick up Student from BCTC if necessary? Yes No (If so, Photo ID will be required upon arrival)
Should Secondary Contact Receive a copy of Mail Correspondence? Yes No

EMERGENCY CONTACT: (if the primary/secondary contacts cannot be reached) Does Student Reside with Emergency Contact: Yes No
 Parent(s) Father Mother Guardian Other (Specify Relationship) _____
Name of Emergency Contact: _____
First Middle Last
Address if not same as student: _____
Street Address City State Zip
Home Phone: _____ Work Phone & Ext: _____ Cell Phone _____
Is this Contact Authorized to Pick up Student from BCTC if necessary? Yes No (If so, Photo ID will be required upon arrival)
Should Emergency Contact Receive a copy of Mail Correspondence? Yes No

Part 1, Continued:

STUDENT INTEREST ESSAY – To be completed by the student applicant, (with the exception of applicants for the Ninth Grade Early Admissions and Service Occupations/Work Partners Programs, in which BCTC staff will conduct an interview at the student's school district prior to acceptance).

DIRECTIONS: Based on the career program choice you requested, enclose a brief typed essay responding to the following prompts:

- 1) Describe your long-term career goal and why you chose to pursue this goal, (e.g., My career goal is to become a stone mason. My grandfather and father were both stone masons; I would like to follow in their footsteps and eventually own my own business).
- 2) What you have done to date that has helped you learn more about this field, (e.g., During the summer I have been a helper on several jobs. I have spoken to several people who work in masonry and understand the physical requirements and opportunities related to this job).
- 3) Why you feel you will be successful in this career field, (e.g., I am physically fit, enjoy working outside and like the idea of eventually working for myself).

Your written response will be evaluated on evidence of career planning, preparation, and interest (10 pts).

Please type your response and enclose it with the application.

ADMISSIONS AGREEMENT

Choosing to attend Berks Career & Technology Center requires making an informed and responsible career decision. A student's success and continued enrollment will depend on the following:

- Regular attendance – You will be expected to be prompt and attend regularly.
- Positive Behavior and Self-Discipline – You will be expected to work cooperatively with all staff and students, demonstrating respect and self-control at all times.
- Effort and Safety – You will be expected to participate actively in all educational activities as directed by the teacher, achieve to the best of your ability, and adhere to all safety rules and regulations. Furthermore, you agree not to attempt to perform any procedure, use any tools/equipment, or handle any supply or material without proper training and the approval of the assigned teacher.
- Financial Requirement – You will be required to purchase certain items that uniquely pertain to your particular program (e.g. personal safety equipment, clothing, selected tools, and textbooks/workbooks).

Both the students and the parents acknowledge the inherent risk and potential for injury involved in career and technical programs and agree to the aforementioned requirements as a condition for acceptance. I consent to allow my son/daughter to receive emergency first aid at Berks Career and Technology Center in the event of sudden illness or accident. If his/her condition should require treatment by a doctor and none of the emergency contact persons listed can be reached, I further give permission for him/her to be transported by an ambulance or responsible person to the nearest hospital or physician available. I will assume the necessary expense if any. I understand Berks Career and Technology Center does not carry insurance to protect my child from expenses due to accidents and that student accident insurance is available through my own school district. I give permission for my child to be administered selected over-the-counter medications as recommended by the school's Doctor of Record during school hours if requested by my child. Prescription medications will only be administered after receiving an order from a physician. Furthermore, I relieve BCTC and its employees of any and all liability for the administration of medication.

I have a preference that _____ Hospital be used. Health Insurance Company _____.

Consistent with Section 438 of the General Education Provisions Act, Title IV of Public Law 90-247 (Confidentiality of Records), we hereby give permission for the release of any and all school records concerning the applicant. This may include such things as the pupil's name, address, birth date, grade completed; results of various standardized tests, grades, attendance records, discipline reports, teachers' recommendations, family background, health and dental records. We understand this record will be treated with complete confidentiality and

Part 1, Continued:

that only authorized school personnel may review the verified information without signed consent. I may review & correct these records in accordance with the BCTC's Records Policy which is available at www.berkscareer.com. Furthermore, students who fail to complete the year successfully and earn the required OSHA safety card cannot return the next year. Your signatures indicate full knowledge that failure to comply with the requirements may result in removal from BCTC and reassignment to a more appropriate educational program.

I am committed to the admission agreement and request admission to the program/course as indicated on this application.

(Student Signature)

(Date)

CONSENT AUTHORIZATION - I am the parent or legal guardian of the student applicant, have examined the information on this application including course selection(s) and agree with the terms of the Admissions Agreement.

(Parent/Guardian Signature)

(Date)

Consistent with Pennsylvania School Code § 13-1304-A (Safe Schools), I hereby swear or affirm that my child was was not previously suspended or expelled, or is is not presently suspended or expelled from any public or private school of this Commonwealth or 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 an act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. § 13-1304-A (b) and 18 PA. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

(Parent/Guardian Signature)

(Date)

Initials Standing Orders Agreement

By initialing here, parent/guardian gives permission for his/her child to be administered selected over-the-counter medications (Tylenol, Motrin, or Tums) as recommended by the school's Doctor of Record consistent with BCTC's standing orders during school hours if requested by my child. Furthermore, I relieve BCTC and its employees of any and all liability for the administration of medication.

Initials Student Photo/Video Disclosure

By initialing here, parent/guardian agrees to allow BCTC to use photographs or video images of my son/daughter in the BCTC yearbook, on the website, in the Communication Media Technology program, for marketing and recruitment, for special achievement, for recognition of my son/daughter in conjunction with local media, and for social media to market the school.

Initials Telephone Customer Protection Act

By initialing here, parent/guardian chooses to opt-in and give his/her consent to receive automated phone calls, emails, and text messages from the Berks Career and Technology Center that contain relevant important information pertaining to BCTC and my student. The Berks Career & Technology Center uses the SchoolMessenger notification service to send important information to families through phone calls, emails, and text messages. In order to comply with the Telephone Consumer Protection Act, BCTC is required to obtain consent to transmit automated phone calls, emails, and text messages. Consent is not required for contacts for "emergency purposes," defined as a call "made necessary in any situation affecting the health and safety of consumers."

IMPORTANT NOTE TO STUDENT & PARENT: The student must obtain two (2) teacher recommendations using the enclosed tear out forms (pg. 7 & 8) or obtain teacher references (Medical Health Professions applicants only), which must be returned to his/her school counselor. After word processing and enclosing your Student Interest Essay, return the completed application to your school counselor who will complete Part 2 and forward the entire package to BCTC.

Part 2 - To be completed by Sending School Counselor, Transition Coordinator or other School District Representative.

Please Check District of Residence:

Antietam	Conrad Weiser	Fleetwood Area	Kutztown Area	Reading	Twin Valley
Boyetown	Daniel Boone	Governor Mifflin	Muhlenburg	Schuylkill Valley	Wilson
Brandywine Heights	Exeter Township	Hamburg Area	Oley Valley	Tulpehocken	Wyomissing

If Student Attends A School Other Than The Resident District Please Designate:

- Home Schooled
- Private School, Please Name: _____
- Cyber/Charter School, Please Name: _____
- Other, Please Designate: _____

The student demographic information provided within this application will not be used for student selection and/or for acceptance into BCTC programs. This information is for Pennsylvania Department of Education and BCTC demographic reporting purposes, and planning for required student services among the sixteen sending school districts.

Resident Status (Must Indicate One):

- Regular
- 1302 (Temporary Custody)
- Tuition
- Other: Explain _____

*Non-Resident Type (Must Indicate One):

- 1305 (Foster Home)* Copy of placement agency letter required
- 1306 (Children's Home)* PDE-4605 form and copy of court order required
- * District Code of Residence of Parent or Legal Guardian _____

State/Federal Reporting, (Special Populations) - Check all that apply to the student:

- 504 Plan and date _____
- Disabled (IEP) date _____
- Alternative Ed.
- Migrant
- LEP/ESL
- Other: _____
- Gifted/talented
- Family military affiliation
- Student is a single parent
- Student Exceptionalities (e.g., Learning Disability, Hearing or Visual Impairment, Single Parent, Displaced Homemaker, Autism, Deaf or Blindness, Emotional Disturbance, Intellectual Disability, Developmental Delay, Gifted, Medical Plans of Care, Etc.) List any that apply: _____

Selection Criteria and Scoring – Items "I" through "V" to be Completed and verified for accuracy by School District Representative.

I. **Attendance (20%)** – Based on the combined days absent and tardy from the previous full school year, circle the total days absent and tardy and the corresponding point value as shown below.

Days Absent/Tardy:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	>=20
Point Value:	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0

II. **Citizenship (25%)** – Based on the description below, circle the number most representative of the student's citizenship.

Excellent				Average				Poor				
25	22	20	18	16	14	12	10	8	6	4	2	0

- Demonstrates self-discipline and positive regard for others.
- No disciplinary incidents.
- Generally self-disciplined and respectful of others.
- 2 or fewer disciplinary infractions.
- Several disciplinary infractions or pattern of misbehavior exists.
- Lacks self-discipline/rcspect for others.

District Assistant Principal Signature _____

III. **Academic Readiness (20%)**

A. **Academic Rigor** – Circle the number that corresponds to the level of rigor of the student's academic coursework.

Highly Rigorous			Rigorous				Less Rigorous			
10	9	8	7	6	5	4	3	2	1	0

- Many CP, Honors, AP courses.
- Strongest academic sequence.
- No applied or basic courses.
- Most all courses are considered CP.
- Strong academic sequence of courses.
- Few applied or basic courses.
- Many courses are non-CP level.
- Courses not part of CP sequence.
- Integrated, applied basic level courses.

B. Academic Grades – Circle the number that best represents the student’s grade average from the previous school year.

4	3	2	1	0
A	B	C	D	F
100 — 90	89 — 80	79 — 70	69 — 60	59 — <50

C. Academic Test Scores – Circle the appropriate level of proficiency/number based on the student’s 8th Grade PSSA and/or Keystone. (only use PSSA if Keystone unavailable)

	Advanced (beyond grade level)	Proficient (at grade level)	Basic (below grade level)	Below Basic (well below grade level)
<i>Math/Algebra</i>	3	2	1	0
Reading/Lit:	3	2	1	0
Biology:	3	2	1	0

IV. Teacher Recommendations (10%) – Student applicant shall obtain two (2) separate teacher recommendations; teachers shall return the recommendations to the guidance office to be submitted to BCTC with the application package. Students applying for Medical Health Professions must provide teacher recommendations from a science teacher and school counselor.

- Teacher Recommendation #1 - Total Points = _____ ÷ 10 = TOTAL SCORE _____
- Teacher Recommendation #2 - Total Points = _____ ÷ 10 = TOTAL SCORE _____

V. District Counselor and/or Transition Coordinator Recommendation (15%) – Indicate your overall assessment of applicant based on personal knowledge of student and the aforementioned data.

15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
Highly Recommend				Recommend				Recommend with Reservation				Do Not Recommend			

Comments: – Use this space to qualify any of the selection criteria ratings. For example, a medical condition may have caused excessive absenteeism; grades may have improved during the first marking period of 9th grade, etc. Extra points may be awarded by the BCTC school counselor based on these qualifications or mitigating circumstances.

REQUIRED ENCLOSURES:

- | | |
|--|--|
| <input type="checkbox"/> 8 th and 9 th Grade Transcripts or Report Cards
<input type="checkbox"/> PSAT Test Reports (Medical Health Professions Applicants Only)
<input type="checkbox"/> Letters of Reference (2) (Medical Health Professions Applicants Only)
<input type="checkbox"/> Non-Resident-Placement Agency Letter or PDE 4605 (if applicable) | <input type="checkbox"/> Teacher Recommendations (2)
<input type="checkbox"/> Aptitude Test Results (if available)
<input type="checkbox"/> 8 th Grade PSSA & Keystone Scores (or equivalent)
<input type="checkbox"/> Medical Plans of Care (if applicable) |
|--|--|

AUTHORIZED DISTRICT REPRESENTATIVE - I have reviewed the selection criteria and scores provided for this applicant and verify their accuracy. _____ (Printed Name) _____ (Signature)

The Student Interest Essay shall be scored by BCTC Student Services Professionals.

VI. Student Interest (10%)
 Evidence of Career Planning, Interest, and Preparation (0-10 pts.) TOTAL SCORE _____