



Please return to your high school guidance office by _____

2018-19 RETURNING STUDENT APPLICATION

Full Student Name: _____
First name (no nicknames) Full Middle Name Last Name

High School _____

Part 1 – Program Selection(s) and Contact Information

BT = Brownstown Campus, **MJ** = Mount Joy Campus, **WS** = Willow Street Campus

Place a number one (1) in front of your 1st choice

If you have a 2nd choice place a two (2) in front of your 2nd choice. A second choice is NOT required. If your 1st choice program is filled, you will be placed in your 2nd choice program if space is available.

Lancaster County Career & Technology Center Program Offerings		
FULL DAY PROGRAMS (seniors only)		HALF DAY PROGRAM (seniors only)
WS	Animal Production Science & Technology	BT, MJ, WS Advanced Health Careers
BT	Architectural CAD/Design	
WS	Automotive Technology/Mechanics <small>(20 highest scoring students placed in Auto Tech, next 50 placed in Auto Mechanics)</small>	
MJ	Baking & Pastry Arts	
BT	Cabinetmaking & Wood Technology	
WS	Collision Repair	
BT	Commercial Art	
MJ	Commercial Construction/Management	
BT	Computer Systems Technology	
MJ	Culinary Arts/Chef	
WS	Dental Assistant	
WS	Diesel Equipment Technology	
BT	Digital Design/Print Media	
MJ	Early Childhood Education	
BT	Electrical Construction Technology	
MJ	Electro-Mechanical Engineering Tech	
MJ	Event Planning & Tourism Services Management	
BT	Heavy Equipment Operation & Maintenance	
BT	HVAC/R	
BT	Interactive Media	
WS	Medical Administrative Assistant	
WS	Medical Assistant	
WS	Nursing Assistant/Home Health Aide	
BT	Painting/Ceramic Tile & Vinyl	
WS	Patient Care Technician	
BT	Photography and Digital Imaging	
BT	Plumbing	
MJ	Precision Machining & Computer Aided Manufacturing	
MJ	Protective Services Academy	
MJ	Residential Carpentry	
WS	RV & Outdoor Power Equipment	
MJ	Sheet Metal Technology	
WS	Sports Medicine/Rehabilitation Technician	
WS	Veterinary Assistant	
MJ	Welding	

***** Choices CANNOT be changed during the selection process. Counselors will be notified when selection is complete.**

High School Guidance Use Only:

Cluster Campus BT MJ WS

Cluster Session AM PM

To be completed by Applicant & Parent or Legal Guardian: Signatures Required

Full Student Name: _____ Home Telephone: () _____
(no nicknames) First Middle Name Last

Address: _____ Student Cell Phone: () _____
Street

_____ Date of Birth: _____
City State Zip

Student Email Address: _____ Gender: Male Female

For mandatory Pennsylvania Department of Education state reporting purposes, **please complete the ethnicity and race boxes.**

Ethnicity:

Hispanic/Latino
 Not Hispanic/Latino

Race: Choose one or more
IF MORE THAN ONE, ENTER A P NEXT TO THE PRIMARY RACE
 ___ American Indian/Alaskan Native (not Hispanic)
 ___ Asian ___ Black (not Hispanic)
 ___ Hispanic ___ White (not-Hispanic)
 ___ Native Hawaiian or Other Pacific Islander (not Hispanic)

Are any Parents or Guardians an active member of the Armed Forces? Yes No

STUDENT CONTACT INFORMATION: TO BE COMPLETED BY PARENT/GUARDIAN
<p>PRIMARY CONTACT: Does Student Reside with Primary Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify relationship) _____</p> <p>Name of Primary Contact: _____ <small>First Middle Last</small></p> <p>Address if not same as student: _____ <small>Street Address City State Zip</small></p> <p>Email Address: _____</p> <p>Home Phone Number: _____ Work Number & Ext. _____ Cell Number _____</p> <p>Should Primary Contact Receive Correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>SECONDARY CONTACT: Does Student Reside with Secondary Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify relationship) _____</p> <p>Name of Secondary Contact: _____ <small>First Middle Last</small></p> <p>Address if not same as student: _____ <small>Street Address City State Zip</small></p> <p>Email Address: _____</p> <p>Home Phone Number: _____ Work Number & Ext. _____ Cell Number _____</p> <p>Should Primary Contact Receive Correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>EMERGENCY CONTACT: Does Student Reside with Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify relationship) _____</p> <p>Name of Emergency Contact: _____ <small>First Middle Last</small></p> <p>Address if not same as student: _____ <small>Street Address City State Zip</small></p> <p>Email Address: _____</p> <p>Home Phone Number: _____ Work Number & Ext. _____ Cell Number _____</p> <p>Should Primary Contact Receive Correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Parental Consent

I, as parent or guardian of the student who has completed Part 1, give permission for my son/daughter to apply for admission into the Lancaster County Career & Technology Center course(s) checked in the student data section. **I have reviewed the Program Information Sheets for all programs selected and understand the associated costs for enrollment in these programs** <https://lancasterctc.edu/18-19-program-guide/>. Furthermore, I am also aware that copies of the school records for my son/daughter will be forwarded to the LCCTC by the sending school counselor.

I give permission for my child to participate in an approved career and technical education program under the authority of the Lancaster County Career & Technology Center. 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. I understand that there are risks involved in providing career and technical education.

Signature of Parent/Legal Guardian

Date

COPIES OF THE APPLICATION ARE AVAILABLE FROM YOUR HIGH SCHOOL COUNSELOR OR ON THE LCCTC WEBSITE:
www.lancasterctc.edu

The Lancaster County Career & Technology Center does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. Career and technical education program offerings include: healthcare; public safety; consumer services; transportation, construction, advanced manufacturing, visual communications; and culinary arts. Admission criteria is available and can be found on the Lancaster County Career & Technology Center website. Inquiries may be directed to the Supervisor of Student Services and Title IX Coordinator or the Section 504 Coordinator at 1730 Hans Herr Drive, Willow Street, PA 17584 or 717-464-7050.

For information regarding the Americans with Disabilities Act (ADA), the rights of an individual with a disability, our obligations under ADA, or grievance procedures, contact the Business Manager and ADA Coordinator, 1730 Hans Herr Drive, PO Box 527, Willow Street, PA 17584-0527. Telephone: 717-464-7050.
For inquiries regarding other nondiscriminatory policies and programs, or for information regarding services, activities, programs and facilities that are accessible to and usable by both disabled persons and national origin minority persons who lack English language skills, contact the Supervisor of Student Services and Coordinator for Title VI, Title IX and Section 504 1730 Hans Herr Drive, P.O. Box 527, Willow Street, PA 17584. Telephone: 717-464-7050.

All students must have a Teacher Recommendation Form completed by a teacher whose class you completed (former or current teacher) preferably related to your CTC Program of Study.

Please list which teacher received your form. _____
Teacher Name

No changes to program choices are permitted during the selection process (End of January through mid-March)

Note: If student changes districts after application is submitted and their program choice(s) is/are offered at different campuses, they are not guaranteed a spot at the other campus.

Student Essay: Please answer the following question: How will attending the CTC prepare you for your career goals? (5 or more sentences). 3 pts



Part 2 - To be completed by Sending School Counselor

Please Check District of Residence:

<input type="checkbox"/> Cocalico	<input type="checkbox"/> Donegal	<input type="checkbox"/> Ephrata	<input type="checkbox"/> Manheim Central	<input type="checkbox"/> Pequea Valley	<input type="checkbox"/> Warwick
<input type="checkbox"/> Columbia	<input type="checkbox"/> Eastern Lancaster County	<input type="checkbox"/> Hempfield	<input type="checkbox"/> Manheim Township	<input type="checkbox"/> School District of Lancaster	
<input type="checkbox"/> Conestoga Valley	<input type="checkbox"/> Elizabethtown	<input type="checkbox"/> Lampeter Strasburg	<input type="checkbox"/> Penn Manor	<input type="checkbox"/> Solanco	

Please Check School Attending:

<input type="checkbox"/> Cocalico	<input type="checkbox"/> Eastern Lancaster County	<input type="checkbox"/> Hempfield	<input type="checkbox"/> Lancaster Catholic	<input type="checkbox"/> Manheim Central	<input type="checkbox"/> Pequea Valley
<input type="checkbox"/> Columbia	<input type="checkbox"/> Elizabethtown	<input type="checkbox"/> Janus School	<input type="checkbox"/> Lancaster County Christian	<input type="checkbox"/> Manheim Township	<input type="checkbox"/> Phoenix Academy
<input type="checkbox"/> Conestoga Valley	<input type="checkbox"/> Ephrata	<input type="checkbox"/> JP McCaskey	<input type="checkbox"/> Lancaster Mennonite	<input type="checkbox"/> Mt. Calvary	<input type="checkbox"/> Solanco
<input type="checkbox"/> Dayspring Christian	<input type="checkbox"/> Grandview Heights	<input type="checkbox"/> Lampeter Strasburg	<input type="checkbox"/> Lititz Christian	<input type="checkbox"/> Penn Manor	<input type="checkbox"/> Warwick
<input type="checkbox"/> Donegal	<input type="checkbox"/> Homeschooled	<input type="checkbox"/> Other:			

Please Check Special Populations Designation(s) (all that apply)

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> GIEP w/ Disability	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Single Parent Incl. Pregnancy	<input type="checkbox"/> Alternative Ed
<input type="checkbox"/> IEP	<input type="checkbox"/> GIEP w/o Disability	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Migrant	

Disability Code(s) (if multiple, enter P for primary and S for all secondary)

<input type="checkbox"/> Autistic/Autism	<input type="checkbox"/> Hearing Impairment incl. deafness	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/> Visual Impairment Incl. Blindness	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> Deaf/Blindness	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Other Health Impairment	

*Above Data is for State Reporting Purposes (PIMS) only. It will not be considered as part of the selection process

PASecureID REQUIRED if not an online application: _____

Projected Grade Level during 2018-2019 School Year: _____ **Projected Graduation Year:** _____

- Counselor Check Off: Official Transcript
 Order: Application, Teacher Recommendation, Transcript
 No staples please

Sending School Counselor (Please Print) _____

Sending School Counselor Signature _____

Date _____

SELECTION CRITERIA AND SCORING (To Be Completed by a Sending District Counselor)

Returning Student Name _____

1. **Attendance (25 pts)** – Based upon **total days absent (excused and unexcused) from previous full school year through marking period 1 of current year.** Circle the total days absent and the corresponding point value as shown below. Explain excessive absences in comments section below.

Points _____

Days Absent	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25+
Points	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0

2. **Discipline (25 pts)** – Based on the number of days of disciplinary incidents (ISS or OSS), circle the number most representative of the student's discipline from **prior year through marking period 1 of the current year.**

Points _____

25
20
15
10
0

No ISS/OSS incidents
 1 day of ISS/OSS
 2-3 days of ISS/OSS
 4-5 days of ISS/OSS
 6 or more days of ISS/OSS

3. **Academic Readiness (35 pts)**

a. **Academic Rigor** – Choose the category that corresponds to the level of the student's academic coursework.

Points _____

Highly Rigorous - 5	Rigorous - 3	Less Rigorous - 1
Most courses are CP, Honors, and AP	Majority of courses are considered CP	Most courses are non-CP level

b. **Academic Grades** – Circle the number that represents the student's **unweighted GPA** during their high school career.

Points _____

Percentage Average/Unweighted GPA	96-100% or 3.80-4.00	91-95% or 3.55-3.79	86-90% or 3.30-3.54	81-85% or 3.05-3.29	76-80% or 2.80-3.04	71-75% or 2.55-2.79	66-70% or 2.30-2.54	61-65% or 2.00-2.29	<=60% or <=1.99
Points	10	9	8	7	6	5	4	3	0

c. **Credit Status** – Circle the number that best represents the student's current credit status.

Points _____

10
0

On track with appropriate credits/grade level for CTC program. Special Needs student on track to graduate with IEP goals.
 Currently short credits for appropriate credits/grade level for CTC program

d. **Failed Classes** – Circle the number that corresponds with the number of courses the student **failed during their high school career.**

Points _____

10
6
3
0

Student failed 0 classes
 Student failed 1 class
 Student failed 2 classes
 Student failed 3+ classes

4. **Teacher Recommendation (35 pts)** – Student applicant should obtain one teacher recommendation from a teacher whose class they completed; teachers will return the recommendations to the high school guidance office to be submitted to LCCTC with the application package. Current Cluster student teacher recommendations will be coordinated by the LCCTC Counselor.

Points _____

Returning Student
 Total Recommendation Score _____ ÷ 2 + 5 = _____
 Highly Recommended
 + 5 = _____
 + 3 = _____

5. **Essay (3 pts)** – Student completed the five sentence essay.

Comments: Use this space to qualify **ANY** of the selection criteria ratings. For example, a medical condition may have caused excessive absenteeism. Extra points may be awarded by the LCCTC Student Services department based on these qualifications or mitigating circumstances.

I have reviewed the selection criteria and scores provided for this applicant and verify their accuracy.

Counselor Signature _____ CTC Coord. Counselor Initials _____

TOTAL POINTS _____

Lancaster County Career & Technology Center
RETURNING STUDENT TEACHER RECOMMENDATION

NAME OF STUDENT: _____

PROGRAM CHOICE(s): _____

SENDING SCHOOL: _____

Teacher: The student has made application to the Lancaster County Career & Technology Center. Please evaluate this individual on qualities numbered 1-10. Please circle the box that best describes the student and return to the Guidance Office.

PERSONAL FACTORS	5	4	3	2	1
1. COOPERATION: Willingness to work well with others, for benefit of all, agreeable	Always cooperative	Usually cooperative	Cooperative	Reluctant to cooperate	Openly uncooperative
2. ATTITUDE TOWARD AUTHORITY: Willingness to follow directives and respond positively toward teachers and administrators	Understands and appreciates need for authority	Shows evidence of accepting authority well	Appears to accept authority reasonably well	Accepts authority with resistance	Definitely resists authority
3. ATTITUDE TOWARD LEARNING: Willingness to learn new knowledge or techniques toward greater efficiency and growth	Constantly seeks additional training	Willingly accepts training	Accepts training if sees advantage	Accepts training only under pressure	Definitely resists
4. LEARNING RATE: Ability to learn new tasks—master new routines quickly.	Very apt, needs little instruction	Learns readily in a short time	Learns without difficulty	Learns slowly with effort	Learning is extremely difficult
5. RESOURCEFULNESS: Devises ways and means to get job done; applies imagination and ingenuity to problem solving.	Exceptional capacity for problem solving	Usually resourceful & creative	Generally resourceful	Limited problem solving skills	Lacks resourcefulness & problem solving skills
6. INITIATIVE: Self starter; motivated	Always self-reliant & motivated	Almost always self-reliant & motivated	Usually shows initiative & motivation	Limited initiative & motivation	Lacks initiative & motivation
7. RESPONSIBILITY: Dependable & reliable, carries out tasks in timely fashion	Always dependable; assumes much responsibility	Very dependable & reliable	Usually dependable & reliable	Somewhat dependable	Unreliable
8. QUANTITY OF WORK: Volume of work production/output	Highest producer	Produces more than required	Average output	Barely meets output minimum	Unsatisfactory output
9. QUALITY OF WORK: Accuracy of work completed	Consistently high quality & exceeds standards	Often exceeds standards	Usually meets standards	Work often incomplete & below standards	Work rarely complete & always below standards
10. SAFETY: Follows rules; careful & organized	Always careful & organized	Almost always careful & organized	Usually careful & organized	Often careless & disorganized	Dangerously careless & extremely disorganized
SCORE SUMMARY – COLUMN TOTALS					

Student is highly recommended for a full day program that aligns with their current cluster program. ___ Yes ___ No

TOTAL SCORE:

TEACHER'S SIGNATURE _____

TEACHER'S NAME (print) _____

SUBJECT TAUGHT _____

DATE _____

