

Carbon Career & Technical Institute
www.carboncti.org

CCTI Guidance: CT Area _____
____ Half-time ____ a.m. ____ p.m. ____ SE

Application for Admission - complete form, sign, date and return to your *sending school* guidance counselor.

Technical Program: We will attempt to place each new student in his/her first choice of a technical program; however, due to state requirements, some of our program areas are limited in the number of students allowed into the program. Please indicate a first, second and third choice.

First Choice: _____ Second Choice: _____

Third Choice: _____ FLEX: _____

Student Information: (please print all information legibly)

Last Name: _____ First Name: _____ MI: _____

DOB: ____/____/____ Social Security #: ____-____-____ Grade entering CCTI: _____

Gender: _____ Race: _____ School District: _____

Current Program: ____ Regular Ed. ____ Special Ed. Home Phone: _____

Phone number for automated calling system if other than the home phone number: _____
List only one phone number

Student lives with: ____ Both Parents ____ Mother ____ Father ____ Foster ____ Custodial Agency

____ Other – please specify: _____

Home Address: _____ City: _____ Zip: _____

Mailing Address – if different than above: _____

Parent/Guardian Information: Relationship: _____

Last Name: _____ First Name: _____

Address - If different than the student's address above:

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent/Guardian Information: Relationship: _____

Last Name: _____ First Name: _____

Address - If different than student's address above:

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Email: _____

If not living with parent/guardian: Relationship: _____

Last Name: _____ First Name: _____

Place of Employment _____ Work Phone: _____

Cell Phone: _____ Email: _____

If you lived outside of PA, what was your entry date into PA: _____

Have you ever been previously enrolled at Carbon Career & Technical Institute? _____ If so what Year? _____

Parents/Guardians: Read and Sign

For Health and Safety purposes safety shoes and glasses (provided by CCTI) will be **required** in the industrial program areas of the Carbon Career & Technical Institute. Other programs may require a uniform and the purchase of a tool kit.

All information contained in the CCTI student files is strictly confidential; however, if at any time you wish to review the information about your son/daughter, the guidance counselor will meet with you to do so. Some information we request is personal, but it is vitally important as we care for and assist your son/daughter in realizing their career goals.

I have examined the information on this application and agree to the selections my son/daughter has made. I certify that I am a bona fide resident of the (**circle one**) Jim Thorpe / Lehighton / Palmerton / Panther Valley / Weatherly School District and that I am the natural parent or legal guardian of the student making application to the Carbon Career & Technical Institute. I understand that my residency in district is necessary for my son/daughter to attend CCTI.

Parent/Guardian Signature

Release of Information:

I authorize _____ to release grades, PSSA and Keystone Exam scores for my son/daughter to CCTI.

Name of sending school

Parent/Guardian Signature

It is the policy of the Carbon Career & Technical Institute not to discriminate in its educational programs, activities or employment practices based on race, color, national origin, gender, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected classification. Assurance is given that services, activities and facilities are accessible to and usable by disabled persons. As per Federal Funding Guidelines a "Perkins Act Appeals Procedure" has been developed.

For information regarding civil rights and grievance procedures, contact the Principal, Title IX and Section 504 Coordinator at the Carbon Career & Technical Institute, 150 West 13th Street, Jim Thorpe, PA, 18229. Telephone: 570-325-3682. Fax: 570-325-3737. Revised 2/24/04

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____

Sending School Counselor Section

Sending School Counselor Section:

PA 9th Grade Entry Date: _____ PA Secure ID Number: _____

Non-Resident: _____

Check-off List - application packet to include the following:

1. _____ Attendance report
2. _____ Discipline report
3. _____ Report card at time of application
4. _____ Report card or transcript for grade(s) completed prior to current year
5. _____ Grade 8 PSSA Score report
6. _____ Keystone exam(s) score report(s)
7. _____ IEP/ER/504
8. _____ ELL _____ Other placement: _____
9. _____ Completed immunization record and health records
10. _____ Parent Registration Statement (transfers only)
11. _____ Act 26 report included (if applicable)
12. _____ Guidance Counselor Review of application completed

***NOTE: SEND FINAL REPORT CARD FOR CURRENT YEAR AT END OF YEAR.**

High School Counselor Signature: _____ **Date:** _____