



Please return to your high school guidance office by _____

2019-20 NEW STUDENT APPLICATION – *Must be completed in Blue or Black Ink*

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 – Do NOT use X or ✓

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 PROGRAMS (juniors only)		
	WS	Animal Production Science & Technology		BT,MJ,WS	Introduction to Construction Careers
	BT	Architectural CAD/Design		BT,MJ,WS	Introduction to Culinary Arts Careers
	WS	Automotive Technology		BT,MJ,WS	Introduction to Healthcare Careers
	MJ	Baking & Pastry Arts		BT,MJ,WS	Introduction to Manufacturing Careers
	BT	Cabinetmaking & Wood Technology		BT,MJ,WS	Introduction to Transportation Careers
	WS	Collision Repair		BT,WS	Introduction to Visual Communications Careers
	BT	Commercial Art	HALF DAY PROGRAM (seniors only)		
	MJ	Commercial Construction/Management		BT, MJ, WS	Advanced Health Careers
	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 & Web Design			
	WS	Medical Administrative Assistant			
	WS	Medical Assistant			
	MJ	Metals Fabrication			
	WS	Nursing Assistant/Home Health Aide			
	WS	Patient Care Technician			
	BT	Painting & Interior Finishes			
	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			
	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

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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.**

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)

Ethnicity:

Hispanic/Latino
 Not Hispanic/Latino

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

STUDENT CONTACT INFORMATION: TO BE COMPLETED BY PARENT/GUARDIAN

PRIMARY CONTACT: Does Student Reside with Primary Contact? Yes No

Mother Father Guardian Other (specify relationship) _____

Name of Primary Contact: _____
First Middle Initial Last

Address if not same as student: _____
Street Address City State Zip

Email Address: _____

Home Phone Number: _____ Work Number & Ext. _____ Cell Number _____

Should Primary Contact Receive Correspondence: Yes No

SECONDARY CONTACT: Does Student Reside with Secondary Contact? Yes No

Mother Father Guardian Other (specify relationship) _____

Name of Secondary Contact: _____
First Middle Initial Last

Address if not same as student: _____
Street Address City State Zip

Email Address: _____

Home Phone Number: _____ Work Number & Ext. _____ Cell Number _____

Should Secondary Contact Receive Correspondence: Yes No

EMERGENCY CONTACT: Does Student Reside with Emergency Contact? Yes No

Mother Father Guardian Other (specify relationship) _____

Name of Emergency Contact: _____
First Middle Initial Last

Address if not same as student: _____
Street Address City State Zip

Email Address: _____

Home Phone Number: _____ Work Number & Ext. _____ Cell Number _____

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/19-20-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? (Must have 5 or more sentences) Use additional page if necessary. 3 pts



Part 2 - To be completed by Sending School Counselor

Please Circle District of Residence:

Cocalico	Donegal	Ephrata	Manheim Central	Pequea Valley	Warwick
Columbia	Eastern Lancaster County	Hempfield	Manheim Township	School District of Lancaster	
Conestoga Valley	Elizabethtown	Lampeter Strasburg	Penn Manor	Solanco	

Please Circle School Attending:

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

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

Not Applicable	GIEP w/ Disability	504 Plan	Single Parent Incl. Pregnancy	Limited English Proficiency	Current EL, not LIFE
IEP	GIEP w/o Disability	Alternative Ed	Migrant	Home Language	Current EL, LIFE
				Overall WIDA Score: _____	

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

----- Autistic/Autism	----- Hearing Impairment incl. deafness	----- Orthopedic Impairment	----- Speech or Language Impairment	----- Visual Impairment Incl. Blindness	----- Emotional Disturbance
----- Deaf/Blindness	----- Intellectual Disability	----- Specific Learning Disability	----- Traumatic Brain Injury	----- Other Health Impairment	

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

PA SecureID REQUIRED if not an on-time application: _____

Projected Grade Level during 2019-2020 School Year: _____ **Projected Graduation Year:** _____

- Counselor Check Off: Official Transcript
 Official Attendance Record
 Signed Skills Review Form
 Signed Teacher Recommendation Form
 Order: Application, Teacher Recommendation, Transcript, Attendance Record, Skills Review Form

Sending School Counselor (Please Print) _____

Sending School Counselor Signature _____

Date _____

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**Place Transcripts, Attendance Record, Skills Review form,
Teacher Recommendation Form (if completed) here**

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

Student Name _____

1. **Attendance (25 pts)** – Based upon **total days absent (excused and unexcused) from 2017-18 school year through 1st marking period 2018-19.**
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 2.0-2.29	<=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.

Points _____

- New Student
 Total Recommendation Score _____ ÷ 2 = _____

Points _____

5. **Tour Participation (2 pts)** – Student participated in the junior tour – **Intro students do not get these points** + 2

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

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 _____

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Lancaster County Career & Technology Center
TEACHER RECOMMENDATION

*****Must be completed by Teacher whose class you completed (former or current teacher) preferably related to your CTC Program of Study**

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. Please do not circle two boxes for one factor. If two are circles lower number will be used.

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					

TEACHER'S SIGNATURE _____

TEACHER'S NAME (print) _____

TOTAL SCORE:

SUBJECT TAUGHT _____

DATE _____