

**FEBRUARY 1, 2010 DEADLINE**

**DIRECTIONS: PLEASE PRINT THE INFORMATION THAT IS NEEDED.**

Please submit to Delaware County Technical Schools, 701 Henderson Blvd., Folcroft, PA 19070

**STUDENT INFORMATION (PLEASE PRINT)**

PA Secure ID# (Counselors Provide)

Social Security Numbers: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female  Are you a US Citizen? Yes  No

Student resides with: Parent  Guardian  Other: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School District or Municipality: \_\_\_\_\_

**PLEASE IDENTIFY YOUR NATIONAL ORIGIN (CHECK ONE):**

*Please note that we ask you to voluntarily complete this question help us achieve our race/national origin desegregation and affirmative action goals. This information is not used in determining your admission to DCTS and you are not penalized for failure to provide the data.*

- White (Non-Hispanic)
- African American
- Hispanic
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander

**STUDENT ESSAY**

Must be written by the student in ink on a separate sheet. The essay will answer the questions "Why did you apply to DCTS and what is your goal upon completion?" Essays must be between 100 and 200 words and are to be attached to the completed application.

**PROGRAM SELECTION**

I am interested in the following career programs: \_\_\_\_\_

Session: AM  PM  Exploratory-AM only (1 semester) \_\_\_\_\_

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Location requested: Folcroft  Aston

**EQUAL RIGHTS AND OPPORTUNITIES POLICY**

The Delaware County Intermediate Unit and the Delaware County Area Vocational-Technical Schools are equal opportunity education institutions and will not discriminate on the basis of race, color, religion, age, national origin, sex or disability in their activities, programs or employment practices, as required by Title VII, Title IX, Vocational Rehabilitation Act- Section 504, and the Pennsylvania Human Relations Act. For information regarding civil rights or grievance procedures, contact Sean Lilly, Title IX Coordinator, or George Illicher, Section 504 Coordinator, 200 Yale Avenue, Morton, PA 19070 or at (610) 938-9000. For information regarding services, activities and facilities that are accessible to and usable by disabled persons, contact George Illicher, Director of Facilities, (610) 938-9000.

**PARENT INFORMATION (PLEASE PRINT)**

Primary Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Student's Birthplace: \_\_\_\_\_  
Country, City and State

**PARENT/GUARDIAN CONTRACT**

- I, the parent/guardian of \_\_\_\_\_, do hereby understand the following:
1. In order to attend the Delaware County Technical Schools, a student must have successfully completed the 8th grade. Students must be 14 years old to enroll in the exploratory program and 15 years old to register in a DCTS career program.
  2. Bus Transportation is provided by local school districts at no charge. Transportation arrangements must be made through the school district. Students who drive to DCTS must register for a permit at DCTS on the first day of school.
  3. Photographs and/or videotapes of my child may be used for publicity or recruitment purposes. If you do not give your permission, please sign here.
  4. I understand that while enrolled in DCTS my child will use a variety of technology resources, including the Internet, as part of his/her total educational experience.
  5. I hereby give permission to release all school records to DCTS.
  6. I agree to encourage effort, punctuality and attendance. I also agree to provide lab clothing as required, and I understand that such items are the personal property of the student, who must be responsible for their safekeeping.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY DISTRICT COUNSELORS**

**Advanced Academic Courses**

Please check to course this student has passed thus far during secondary school (grades 7-12)

**LANGUAGE ARTS**

- AP English
- College Prep English
- Foreign Language \_\_\_\_\_1 \_\_\_\_\_2
- Other \_\_\_\_\_

**MATH**

- Algebra \_\_\_\_\_I \_\_\_\_\_II \_\_\_\_\_III
- Geometry
- Trigonometry
- Pre-Calculus
- Calculus
- AP Calculus
- Other \_\_\_\_\_

**SCIENCE**

- Chemistry
- Biology
- Physics
- AP Physics
- AP Biology
- Environmental Science
- Other \_\_\_\_\_

**AS THIS STUDENT'S DISTRICT COUNSELOR, I HAVE DONE THE FOLLOWING:**

- Application completed
- Attendance record for current school year attached
- Transcripts attached
- Copy of current report card attached
- Attach Student Essay
- 8th Grade PSSA Scores

Provide, if applicable  
 \_\_\_\_\_ IEP/RR attached  
 \_\_\_\_\_ IEP meeting scheduled w/DCTS student support  
 \_\_\_\_\_ IEP meeting invitation sent/date sent \_\_\_\_\_

**These steps must be complete before further review of application.**

District Counselor Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date