



APPLY ONLINE AT www.dciu.org/dcts

ADMISSION APPLICATION

PLEASE PRINT CLEARLY AND SUBMIT APPLICATION TO:

DCTSadmissions@dcu.org

Or

ADMISSIONS, DELAWARE COUNTY TECHNICAL SCHOOLS • 701 HENDERSON BLVD. • FOLCROFT, PA 19032

PHONE: 610-583-7620 x3403

Please save document to your computer and then fill in application information. Save completed form to computer and email it to: DCTSadmissions@dcu.org

PA Secure ID# _____
(provided by district counselor)

STUDENT INFORMATION (PLEASE PRINT OR TYPE)

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Email: _____

Birthdate: ____/____/____ Male Female Undetermined Are you a US Citizen? Yes No

Student's Birthplace: _____ Student resides with: Parent Guardian Other: _____
Country, City and State

Current School: _____ Current Grade: _____ Current School District: _____

PLEASE IDENTIFY WHICH BEST DESCRIBES YOUR RACE AND/OR ETHNICITY:

Please note that we ask you to voluntarily complete this question. This information is not used in determining your admission to DCTS and you are not penalized for failure to provide the data.

Ethnicity (choose one)

- Hispanic/Latino
- Not Hispanic/Not Latino

Race (Choose one or more, regardless of ethnicity)

- American Indian/Alaskan Native
- Black/African American
- White
- Multi-Racial/Two or more races (not Hispanic)
- Asian
- Native Hawaiian or other Pacific Islander

I AM INTERESTED IN THE FOLLOWING CAREER PROGRAMS:

First choice: _____ Second choice: _____ Third choice: _____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Primary Contact: _____ Daytime Phone: _____ Email: _____
FIRST NAME LAST NAME RELATIONSHIP (REQUIRED)

Secondary Contact: _____ Daytime Phone: _____ Email: _____
FIRST NAME LAST NAME RELATIONSHIP

PARENT/GUARDIAN CONTRACT

I, the parent/guardian of the student indicated above, do hereby understand the following:

- In order to attend the Delaware County Technical High 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.
- 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.
- Photographs and/or videotapes of my child may be used for publicity or recruitment purposes. If you do not give your permission, please contact DCTS in writing at address above.
- 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.
- I hereby give permission to release all school records to DCTS.
- 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 – If Unable to Sign Document, Please Type Your Name as Your Signature _____

Date _____

Student Signature – If Unable to Sign Document, Please Type Your Name as Your Signature _____

Date _____

TO BE COMPLETED BY DISTRICT COUNSELORS

Advanced Academic Courses: Please check the 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
- Geometry
- Trigonometry

Pre-Calculus

- Calculus
- AP Calculus
- Other _____

SCIENCE

- Chemistry
- Biology
- Physics
- AP Physics

AP Biology

- Environmental Science
- Other _____

Please confirm attachments and student status:

- Application completed
- Attendance record for current school year attached
- Transcripts attached
- Copy of current report card attached
- Student essay attached
- 8th Grade PSSA Scores
- Keystone Algebra 1 and Literature Scores
- Student discipline record
- IEP/RR (if applicable) - Please note a DCTS student support representative must participate at an IEP meeting prior to application
- English Language Learner
- 504 Plan
- Gifted

All of the above items must be completed for applications to be processed.

District Counselor Name (Print) _____

Phone: _____ Email: _____

Signature _____ Date _____

STUDENT WRITING SAMPLE

Writing sample must be between 100 and 200 words.

WHY ARE YOU APPLYING TO DCTS?

TELL US ABOUT YOUR EDUCATIONAL INTERESTS AND GOALS

EQUAL RIGHTS AND OPPORTUNITIES POLICY

The Delaware County Intermediate Unit and the Delaware County Technical Schools are equal opportunity education institutions and will not discriminate on the basis of race, color, religion, national origin, age, sex, equal pay, disability or genetic information in their activities, programs or employment practices as required by Title VI, VII, IX, Section 504, the Americans with Disabilities Act, and the Genetic Information Nondiscrimination Act of 2008. For information regarding civil rights or grievance procedures, contact the Director of Human Resources or the Section 504 Coordinator at 200 Yale Avenue, Morton, PA 19070, 610-938-9000. For information regarding services, activities and facilities that are accessible to and useable by handicapped persons, contact the Director of Facilities at 610-938-9000.