



240 Arona Rd. New Stanton, PA 15672 | Tel. (724) 925-3532 | Fax (724) 925-1423 | www.cwctc.org

APPLICATION FOR ENROLLMENT 2018 - 2019

STUDENT

Last Name _____ First _____ MI _____

PASECURE ID _____

Birth Date _____ Gender _____ Expected Graduation Date _____ Current Grade _____

Sending School District _____ Ethnicity: _____
 1. American Indian/Alaskan 3. Black/African American
 4. Hispanic 5. White 9. Asian 10. Native Hawaiian

PARENT/GUARDIAN/CONTACT 1

First Name _____ MI _____ Last Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____
 Parent/Guardian Mobile Phone _____
 E-mail Address _____

EMERGENCY CONTACT 2

Relationship to child _____
 First Name _____ MI _____ Last Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____

***Please indicate numerically your first, second, and third choice. If you are interested in only one program, then mark only one.**

Priority is given to the following grade order 10, 11, 12

___ Auto Collision Tech	___ Electrical Technology	___ Robotic Engineering
___ Automotive Technology	___ Graphic Design Technology	___ Painting, Restoration & Design
___ Carpentry	___ Health Occupations Tech	___ Plumbing
___ Commercial & Ad Art	___ Heating & Air Conditioning	___ Powerline
___ Computer & Info. Science	___ Horticulture	___ Protective Services*
___ Construction Trades	___ Logistics & Warehouse	___ Sports Therapy
___ Cosmetology	___ Machine Trades Tech	___ Welding
___ Culinary Arts	___ Masonry	* Must be at least 10th grade to enroll

___ I **have** visited CWCTC ___ I have **NOT** visited CWCTC

If accepted, I am committed to complete the entire Career and Technology Center Program

Student Signature _____ **Date** _____

I give my permission to my son/daughter to attend the Career and Technology Center and he/she is committed to complete the school year in the program indicated above.

Parent/Guardian Signature _____ **Date** _____

