

SALEM COUNTY CAREER AND TECHNICAL HIGH SCHOOL APPLICATION FOR ADMISSION

PO BOX 350, 880 ROUTE 45
WOODSTOWN, NEW JERSEY 08098
(856) 769-0101, ext. 374 – TELEPHONE • (856) 769-4214 – FAX

PLEASE PRINT

NAME _____ DATE _____

ADDRESS _____
Last First Middle
Number and Street City State Zip Code

PHONE NUMBER _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____

MOTHER'S/GUARDIAN'S NAME _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

FATHER'S/GUARDIAN'S NAME _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

E-MAIL ADDRESS _____ CELL PHONE _____

EMERGENCY CONTACT INFORMATION

FIRST CONTACT:

NAME _____

ADDRESS _____

DAYTIME PHONE NUMBER _____ RELATIONSHIP TO APPLICANT _____

CELL PHONE _____

SECOND CONTACT:

NAME _____

ADDRESS _____

DAYTIME PHONE NUMBER _____ RELATIONSHIP TO APPLICANT _____

CELL PHONE _____

PHYSICIAN'S NAME _____ PHONE NUMBER _____

Completion of this section is voluntary. Ethnic information is required by the U.S. Office for Civil Rights. The Salem County Vocational Technical School District offers equal opportunity to qualified individuals, regardless of age, color, national origin, race, gender, marital status, sexual orientation, or handicap.

Please check one:

Caucasian _____ Hispanic _____ Asian _____ Other _____
African American _____ American Indian _____ Pacific Islander _____

EDUCATIONAL BACKGROUND

Where do you currently go to High School _____ Grade next Fall _____

Have you ever attended the Salem County Vocational Technical Schools? ____ Yes ____ No

If yes, what program? _____

Are you enrolling in a full-time program or a shared-time program? _____ Full-time program _____ Shared-time program

Program Offerings:

- | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Air Force Junior ROTC | <input type="checkbox"/> Computer Assisted Design and Drafting (CADD) | <input type="checkbox"/> Graphics Technology |
| <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Construction Technology | <input type="checkbox"/> Information Technology - Computer Hardware and Software |
| <input type="checkbox"/> Auto Collision Repair Technology | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Law Enforcement and Public Safety |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Culinary Arts and Hospitality | <input type="checkbox"/> Welding Technology |
| <input type="checkbox"/> Child Care and Early Childhood Education | <input type="checkbox"/> Electrical Technology | |

If you are applying to a program on a full-time basis are you interested in participating in the Air Force Junior ROTC program as an elective? ____ Yes ____ No

Please indicate how you learned about Salem County Vo Tech:

- | | |
|-------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> CTHS Student Information Supervisor |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other, explain _____ |

To be completed and signed by parent/guardian if under 18 years of age:

PARENT/GUARDIAN RELEASE AUTHORIZATION

I hereby authorize and direct my son's/daughter's resident school district to make available all scholastic, health, and child study team evaluations to the Salem County Vocational Technical School District.

I give the Salem County Vocational Technical School District permission to photograph and/or videotape my child for promotional purposes.

____ Yes _____ No

I give the Salem County Vocational Technical School District permission to publish my child's photo and/or videotape on their website for promotional purposes.

____ Yes _____ No

My signature below gives permission for release of ALL my child's educational records (including grades, standardized test scores, child study team evaluations, and health records) to the Salem County Vocational Technical Schools.

PARENT/GUARDIAN SIGNATURE _____ Date _____

STUDENT SIGNATURE _____ Date _____

COMPLETE THIS APPLICATION AND RETURN IT TO:

**Supervisor of Student Information Services
Salem County Vocational Technical Schools**

880 Route 45, PO Box 350

Woodstown, NJ 08098

Fax: (856) 769-4214

or call (856) 769-0101, ext. 374, or email admissions@scvts.org for more information

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