

**SALEM COUNTY CAREER AND TECHNICAL HIGH SCHOOL
APPLICATION FOR ADMISSION
PO BOX 350, 880 ROUTE 45
WOODSTOWN, NEW JERSEY 08098
(856) 769-0101, ext. 370- TELEPHONE • (856) 769-4214 – FAX**

DATE _____

NAME _____
Last (Jr.,Sr,I, II, III) First Middle

MAILING ADDRESS _____
Number and Street

CITY _____ STATE _____ ZIP CODE _____

**** (ALL PO BOXES MUST ALSO LIST RESIDENTIAL ADDRESS)****

PHONE NUMBER _____

DATE OF BIRTH _____ CURRENT AGE _____

Male Female

CITY OF RESIDENCE _____ CITY OF BIRTH _____ STATE OF BIRTH _____

COUNTRY OF BIRTH _____ IS STUDENT A U.S. CITIZEN? Yes No

PRIMARY LANGUAGE SPOKEN AT HOME ENGLISH SPANISH
 OTHER _____

LANGUAGE STUDENT FIRST LEARNED TO SPEAK ENGLISH SPANISH
 OTHER _____

MOTHER'S/GUARDIAN'S NAME _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

FATHER'S/GUARDIAN'S NAME _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

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:

- | | |
|---|--|
| <input type="checkbox"/> Caucasian/White-not of Hispanic origin | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Pacific Islander or Native Hawaiian | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Multiracial |

EDUCATIONAL BACKGROUND

Where do you currently go to 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 Offering: (Choose One)

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

If you are applying full time, 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 Salem County Vocational Technical Schools:

- | | |
|---|--|
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> CTHS Student Information Supervisor |
| <input type="checkbox"/> CTHS Counselor | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Media | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Family | <input type="checkbox"/> Parent |
| <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. 370, or email admissions@scvts.org for more information

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