

**CAREER ORIENTATION PROGRAM**

**SALEM COUNTY CAREER & 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

**\*\*Application Deadline: March 1, 2021\*\***

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? \_\_\_\_\_

*Please indicate how you learned about 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](mailto:admissions@scvts.org) for more information

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