

**Salem County Vo-Tech Schools: The Host-Site Academies**

**APPLICATION FOR ADMISSION**

**for the 2021-2022 SCHOOL YEAR**

PO BOX 350, 880 ROUTE 45  
WOODSTOWN, NEW JERSEY 08098  
(856) 769-0101, ext. 5370 – 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) \*\***

PARENT/GUARDIAN 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 the below 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**

Current School \_\_\_\_\_  
Current Grade Level \_\_\_\_\_ School Phone Number \_\_\_\_\_  
School's Address \_\_\_\_\_  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**HOST-SITE ACADEMY OFFERINGS**

*(Check off program for which student is applying)*

- Academy of Communications *(hosted at Woodstown High School)*
- Academy of Dance *(hosted at Arthur P. Schalick High School)*
- Academy of Engineering & Technologies *(hosted at Penns Grove High School)*
- Academy of Graphic Design in Multimedia Technology *(hosted at Pennsville Memorial High School)*
- Academy of Instrumental Music *(hosted at Pennsville Memorial High School)*
- Academy of Theater *(hosted at Arthur P. Schalick High School)*
- Academy of Visual Arts *(hosted at Arthur P. Schalick High School)*
- Academy of Vocal Music *(hosted at Pennsville Memorial High School)*

**PARENT/GUARDIAN RELEASE AUTHORIZATION**

*(To be completed and signed by parent/guardian if under 18 years of age.)*

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

- Yes**    **No** 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.

**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 TO:**

Salem County Vocational Technical Schools  
Attn: Supervisor of Admissions  
880 Route 45, PO Box 350  
Woodstown, NJ 08098  
Fax: (856) 769-4214

For more information: Call (856) 769-0101, ext. 5370, or email [admissions@scvts.org](mailto:admissions@scvts.org)

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