

6001 Locust Lane • Harrisburg, PA 17109 • www.dcts.org Phone: (717) 652-3170, Guidance ext. 7432

2019-2020 High School Application

Circle Current Grade: 9 10 11 12

This form <u>MUST</u> be completed by hand by the student, in blue or black ink. Answers are not to be typed. Please print clearly.

Grade Applying for:	Previously Attend	led DCTS? [Yes No If	f Yes, Date(s) Attended:
Name:Last Name F	irst Name Mido	dle Name	P	hone:
Address:				
City:	State:	Zi	p: Bir	thdate:
School District:	_	Pres	sent School:	
Guardian:		Gı	ıardian:	
Cell Phone Number:		Ce	ell Phone Numbe	r:
Email Address:		Er	nail Address:	
Employer:		Er	mployer:	
Employer Phone Number:		Er	mployer Phone N	Tumber:
Student lives with (circle one)	: Both Parents	Mother	Father	Guardian(s)
Briefly explain why you have	chosen the career you a	aspire to, and	l how attending	DCTS will help you get there:

Academy Selection: Place select three (3) career pathways from the Academy choices listed below. You **MUST** choose three (3), as there is limited space in each program to ensure a safe and effective environment. Identify academy order of preference with "1," "2," and "3."

ADV	ANCED MANUFACTURING		
		SERV	/ICE
	Drafting & Design		
	Electronics Technology		Cosmetology
	Precision Metals Technology		Culinary Arts
	Welding		Criminal Justice/Police Science
	Tream's		Horticulture
CON	STRUCTION		Veterinary Assistant
	Building Construction Technology	TRA	NSPORTATION
	Carpentry		
	Electrical Construction/Maintenance		Automotive Technology
	HVAC		Collision & Refinishing Technology
	Masonry		Diesel Technology
	TVIASOTI y		Small Engine Equipment Technology
TIEVI	LTH CAREERS		Sman Engine Equipment Technology
IILA	LIII CAREERS	VICI	JAL ARTS & MARKETING
	Deut-1 Assistant	VISC	AL ARTS & MARKETING
	Dental Assistant		
	Health Careers		Commercial Art
	Medical Assistant		Graphic Arts
INFO	DRMATION TECHNOLOGY		
	Information Creatoms		
	Information Systems Web Davidonment & Davign		
	Web Development & Design		
1 1	1A71		
1.	Why do you want to follow this career pathway?		
			1
2.	What experiences have you had in the career pathway yo	u are ap	plying for?
		16	
3.	What do you plan to do beyond graduation from high sch	nool?	

STUDENT TRANSFER POLICY

Newly admitted first year students will be required to remain at the Dauphin County Technical School for the first marking period of the school year, unless the Dauphin County Technical School is notified prior to <u>July 1st</u> of the school year to rescind the student's application. A first year student may request reassignment to the home school, at the end of the first marking period, through the Dauphin County Technical School Guidance Office, who will contact the designated representatives of the home school. Transfers other than first year students will be handled on a case by case basis.

At the start of the tenth week of school, students will not be permitted to return to their home schools except for extreme cases which will be handled individually following the procedure enumerated above.

Students in their second or third year at the Dauphin County Technical School, who want to return to their home school, must initiate a request for reassignment to the home school by July 1 of the school year through the DCTS Guidance Office who will notify the designated representative of the home school. Once the school year begins, transfers would cease except for extreme cases which will be handled individually following the procedure enumerated above.

The participating district has no responsibility to accept a student who has violated DCTS policy and is under suspension or expulsion. The Joint Operating Committee will carry out all expulsion hearings regardless of the enrollment status of the student

Parental Registration Statement

Pennsylvania School Code 13-1340-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of the Commonwealth or any other State for any act or for any act of violence committed on school property."

	I hereby swear or affirm that my child ($\ensuremath{\boxtimes}$ one)	was 🗖	was not \square	
	previously suspended or expelled from any public an act or offense involving weapons, alcohol or dru any act of violence committed on school property. and IS Pa. C.S.A. 4904, relating to unsworn falsification the best of my knowledge, information and belief.	ags, or for the will *I make this statem	ful infliction of injury to another pers tent subject to penalties of 24 P.S. 13-134	on or 40-A(B)
	If child was suspended or expelled, please list nam suspension/expulsion:	e of school, reason	n for suspension/expulsion, and date	s of
Placem	nent Testing			
Placem	ent testing will be required after student is accepted	at Dauphin Cour	nty Technical School.	
Releas	e of Information			
[initials	I give permission to have my son's/daughter's :	records released t	o DCTS.	
	read and understand the above statements concerning sions/expulsions, placement testing, release of informs.			ecords
			Date	
	Parent/Guardian Signature			



Dauphin County Technical School Career Exploration Interview

Name:	School:	District:
Occupational Area of Interest:		
and back of this sheet. Failure to		must complete the questions listed on the front application process. Should a student encounter ance from his/her counselor.
INTERVIEW		
who is employed in the occupati dates this sheet. The student ap interview, he/she may obtain the English language, s/he may requare not acceptable responses to q	onal academy of your 1st choice. Make collicant must write the answers to the que answers by researching careers on the idest a Spanish version of the Career Expluestions. If you are physically unable to bu may submit an audio file via email with	chat an interview be conducted with someone ertain that the person interviewed signs and nestions. If a student cannot find a person to internet. If a student cannot understand the oration Interview form. "Yes" or "No" answers write the answers to the questions (this must be the the answers in place of the written sheet. Your
1. What is a typical week like	in your chosen career field? How do pe	ople in this career spend their work hours?
2. What kind of job opportun	ities are in this field?	
- What take of job opportun		
3. What special abilities or ta	ents do successful people in this career f	ield display?
4. What dangers and/or haza	ards do people in this career field encour	nter?
5. List three to five things about 13		ay make them happy?
5.		

6.	6. Once you graduate from DCTS, what further education will you need	to reach career goal? College? Technical
	School? On-the-job training? How long do you expect this further education	cation to take?
-		
7.	, , ,	
	5	
0		
8.	8. What is the average salary earned in this occupational area?	
Sigr	Signature of Person Interviewed:	
Title	Title:	Date:
	If the information was obtained from a source other than an interview of an information.	individual, please list the source of your
шо	miormation.	
Δfta	After conducting the interview, have your opinions regarding this occupatio	nal aroa changod?
<i>1</i> 11 tt	Their conducting the interview, have your opinions regarding this occupation	nai arca changeu:
	YesNo	
Are	Are you still interested in applying for your 1st choice?	
	Yes No	
	10	



Student Application - Teacher Recommendation Form

Name:	High School:		
Choice(s) of Career Pathway of Interest: (1)	(2)	(3)	
Teacher Completing Recommendation:			
Teacher Signature:			

PERSONAL FACTORS

[please circle the box that best describes the student for each of the 10 factors listed below]

		1	2	3	4	5
1.	Cooperation: willingness to work with others	Openly uncooperative	Reluctant to cooperate	Ordinarily cooperative	Always cooperative	Stimulates cooperation
2.	Attitude toward authority: willingness to take and carry out orders	Definitely resents taking orders	Accepts with resistance	Appears to accept reasonably well	Shows evidence of accepting authority well	Understands and appreciates need for authority
3.	Attitude toward training: willingness to learn new methods or techniques toward greater efficiency and growth	Definitely resists	Accepts training only under pressure	Accepts training if sees advantages	Willingly accepts training	Constantly seeks additional training
4.	Adherence to rules/directions/safety guidelines: exhibits consistent and reliable behavior	Often exhibits inconsistent, unsafe behavior	Sometimes exhibits inconsistent, unsafe behavior	Occasionally exhibits unsafe behavior	Rarely exhibits unsafe behavior	Always exhibits safe, consistent behavior
5.	Resourcefulness: having ideas, devising ways and means, applying images	Of no help in solving problems	Rarely offers a constructive solution	Has average supply of solutions	Usually resourceful even in an emergency	Exceptional capacity for problem solving
6.	Interest: degree of enthusiasm for specific job and the organization in general	Totally disinterested	Uninterested	Shows a varying degree of interest	Well motivated	High specific and general interest
7.	Initiative: takes lead, self-starter	Never initiates	Waits for others to get started	Usually initiates	Frequently sees things to do	Usually self-reliant, creative
8.	Responsibility: assurance that assignment will be done	Unreliable	Somewhat dependable	Usually dependable	Dependable, conscientious	Very dependable, takes responsibility
9.	Work ethic: does best work possible, cares about quality work	Sloppy, careless	Strives for quality only under pressure	Work is acceptable	Usually conscientious about work	Takes pride in doing excellent work
10.	Punctuality: beginning on, or ahead of, time for class	Consistently tardy	Sometimes tardy	Usually on time	Punctual	Always punctual

TOTAL [please]:	
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TOTAL [please]:	



High School Application 2019-2020

TO BE COMPLETED

BY GUIDANCE OFFICE

FROM THIS POINT FORWARD

Please provide requested information directly on this form.

Please do not write: "See attached" in lieu of completing this form as it will significantly delay the student's application process.

Please note:

Applications are considered incomplete if required documentation is not submitted. This could result in a negative impact on the student's score.

All DCTS students will be issued a laptop computer to be utilized as a part of their educational experience. Acceptance and use of this laptop is required by all students and cannot be declined or refused.



Dauphin County Technical School

High School Student Application Guidance Packet

Deadline for submission to DCTS, in order to have priority consideration for acceptance:

Deadline for Application – **February 1, 2019.** After this date, students will lose (-5) points for late submission.

Student Nar	me:			Today's Date	:
	(Last)	(First)	(Middle)		
Home Distr	rict:			Grade Applyi	ing For:
Current Sch	nool Attending:		Registered at	Sending District? ☐ Yes ☐ No	
Student Ap	plication Packet				
(Please 🗹 on	ıly one square below	indicating the type	e of completed applic	cation that is submitte	d)
	e th Grade Applicatio				ttance Grade 10 th -12 th
	: Pathway Transfer				day Program *
	echnical School				a day Program*
	echnical Program_				i day 110grain
A complete a	ust provide their own application packet con tudent Application	sists of the follow			ation for 1/2 day students.
	Parental R	egistration State	ment		
	Career Ex	oloration Intervi	ew		
	☐ Teacher/7	eam Recommen	dations (2)		Application will be
☐ G	Guidance Assessme	nt Form			
☐ St	pecial Education Fo	orm (if applicable	<u>e</u>)		considered
-	· _	ent IEP, ER, and	•		<u>incomplete</u>
\ 50	04 Plan		,		if all supporting
☐ El	LL Testing Reports	(if applicable)			
	Current Report Card				documentation
	th Grade Report Car		currently in 9th gra	de onlv)	is not submitted.
	ligh School Transcr	•		57	
	SSA Scores (grades	-			
_	Leystone Exam Scor				
	ttendance Records				
	Discipline Records				
	mmunization Reco	d			
The student a		ached is complete	and the above stude	nt has my approval to	begin the selection process for admissi
Pı	rincipal of current	school (print)		Gui	idance Counselor (print)
Pı	rincipal of current	school (signature	<u></u>	Gui	idance Counselor (signature)

Guidance Counselor Assessment Form

Student Name:	Present Grade:						
(Last)	(First)	(Middle)	(Middle)				
Birthday Verification:		PA SECURE ID# <mark>[requi</mark>	red]:				
O .	-	-	ps, or approved educational trips.				
Days Absent in Grade: 8:	9: 10:	11: Today's Date	_				
Discipline: Number of days the student ha		Today's Date					
Out of School in grad	le: 8: 9:_	10: 11:					
In School in grade:	8: 9:_	10: 11:					
Has the student ever been in al	ternative education pla	acement? \(\sum_{\text{Yes}} \) No					
Academics:	r						
Has the student ever been retain	ned?	No					
If Yes, what grade(s)?		School:					
Please provide final grades for	each high school year l	below. If the applicant has yet to	finish a full year of high school,				
please include information from		11					
Final Average for 2016-17 cours	ses:						
English	Social Studies	Science	Math				
Final Average for 2017-18 cours	ses:						
English	Social Studies	Science	Math				
Mid-Year Average for current 2	2018-19 high school cou	urses (should be an average of 1st	marking period and most current				
2 nd marking period):							
English	Social Studies	Science	Math				
Algebra Keystone Testing: Literature Keystone Testing: Biology Keystone Testing: Is the student presently in Com Math: Yes	☐ Not yet taken ☐ Not yet taken ☐ Not yet taken ☐ Not yet taken pensatory or Remedia ☐ No	Below Basic Basic Below Basic Basic Below Basic Basic Reading: Yes N	Proficient Advanced Proficient Advanced Proficient Advanced Advanced				
Comments:		<u> </u>					
Does the student receive special Does the student have a 504 plates the student ever been throughout the student receive ELL see	l education services? nn? ugh the child find procervices? rns or allergies that m	Yes Yes Yes Yes Yes Yes Yes Yes Ay preclude student from partici	□ No □ No □ No □ No □ pating in specific academies: [to				

Summary of Special Education
(To be completed by IEP Case Manager)

Please include current IEP and most recent ER/RR with application.

lame			M/F S	School		Gra	de Age
ER Date	IEP Date_			RR Date		Date of	Waiver
				npleted by sending d npleted by sending d			
Primary Disability				Secondary Disability			
Educational Programming:	(Circle) LS	ES	SP/L	Autistic Support	Life Skills	DHH	OHI BVI
Related Services: (Circle)	Curb to Curb	TSS	PCA	Assistive Technolog	yy Other _		
PSSA Scores: (Below Basi	ic/Basic/Proficient/ <i>F</i>	Advanced)					
Reading		Math			Writing		
Lexile/Decoding/Comprehe	ension Score				FSIQ		
Absences	Office Referrals	' (please des	scribe)				
Tardies							
Strengths:							
Needs:							
Classroom Behaviors:							
Social:							
		(Plea		Level of Service evel for each subject area	a)		
SUBJECT	Regular Ed Instr		(reg ed te	Co-Taught Instruction eacher + special ed teach			pecial Ed Instruction pecial ed teacher only)
ENGLISH							
MATH							
SCIENCE							
HISTORY							
Case Manager (please prir	nt)						
Telephone number/Ext				Fmail			