Interested in attending the Susquehanna County Career and Technology Center for the 2016/2017 school year? If so, please take a minute to look through the attached application. If after reviewing the application you have questions concerning our programs, I encourage you to contact your school counselor or feel free to contact me at 278-6783.

Please keep in mind that it is important to complete and return all forms to your school counselor as soon as possible. When we have received all your paperwork and reviewed a copy of your most recent full-year transcript from your School Counseling Department, a decision will be made concerning your application. In May, we will have an orientation evening for students and parent(s)/guardian(s) to attend. Upon acceptance into one of our programs, a few additional forms will need to be completed.

Thank you for considering the Susquehanna County Career and Technology Center’s program offerings. Please take a minute to read our Mission Statement.

MISSION STATEMENT

The mission of the Susquehanna County Career and Technology Center (SCCTC), in cooperation with parents, families, local agencies, and community members is to provide educational opportunities for all students to reach their full potential by striving towards excellence through academic knowledge, basic skills, and technology taught by a competent and committed staff within a safe environment. These opportunities will enable students to become life long learners, productive citizens, and responsible members of society.

Nondiscrimination Policy

The Susquehanna County Career & Technology Center (SCCTC) offers career technical educational programs. Admission to these programs is based on completion of eighth grade. The SCCTC is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, sex, age and handicap in it’s admission procedures, educational programs and activities, or employment practices as required by Title VI, Title IX, Section 504 and the American Disabilities Act. For information regarding civil rights or grievance procedures, contact the Title IX Coordinator at the Susquehanna County Career & Technology Center, Springville, PA 18844 (570) 278-9229. For information regarding services, activities and facilities that are accessible to and usable by handicapped persons, contact the Special Education Coordinator (570) 278-1106 Ext. 744.
SCCTC STUDENT APPLICATION

Student Full Legal Name: _____________________________________________________________

911 Mailing Address: __________________________________________________________________

City, State, Zip: _____________________________________________________________________

SSN: ______________________ Date of Birth: ____________________________________________

Student Email: _______________________________________________________________________

Home Telephone: __________________ Student Cell Phone: _______________________________

Sending School: __________________ Grade you will be entering in 2016/2017? 9 10 11 12

Do you have any additional students attending the SCCTC: No

If yes, please list: __________________________________________________________________

FOR STATISTICAL PURPOSES ONLY - BELOW, PLEASE PROVIDE THE INFORMATION REQUESTED:

Gender:  Male  Female

Race:  Am. Indian  Asian/Pac. Islander  Black/Non-Hisp.  Hispanic  Multi-racial  White/NonHisp.

SCCTC PROGRAM PREFERENCE

*Please indicate your 1st, 2nd and 3rd choice:

_____ Automotive Technology
_____ Carpentry & Cabinetmaking
_____ Electrical, Plumbing & Heating (Building Property Maintenance)
_____ Business Education (Administrative Assistant & Accounting Technology)
_____ Cosmetology
_____ Food Management, Production & Services
_____ Health Care Technology
_____ Cooperative Education (Co-Op)
_____ Security & Protective Services
_____ Vehicle Maintenance & Repair (Small Engine Repair)
_____ Welding
_____ Autobody/Collision & Repair Technology
### Sending School:

_Please list all children attending school in the SCCTC and include DATE OF BIRTH._

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
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<tr>
<td>2.</td>
<td>2.</td>
</tr>
</tbody>
</table>

**Street Address:**

**County:**

**Bus Number:**

**City, State, Zip:**

**Home Phone #:**

To serve your child in case of an **ACCIDENT OR SUDDEN ILLNESS,** it is necessary that you furnish the following information for emergency calls: **ONLY NAMES ON THIS FORM WILL BE CONTACTED**

**Parent/Guardian #1 Name:**

**P/G 1 Address:**

**Phone - Home:**

**Cell:**

**Work:**

**Ext:**

**Email Address:**

**Relationship to student:**

**Resides with student:**

**Yes [ ]**  **No [ ]**

---

**Parent/Guardian #2 Name:**

**P/G 2 Address:**

**Phone - Home:**

**Cell:**

**Work:**

**Ext:**

**Email Address:**

**Relationship to student:**

**Resides with student:**

**Yes [ ]**  **No [ ]**

---

**Who has custody of student?**

*Please list individuals who will assume temporary care of your student if you cannot be reached.*

<table>
<thead>
<tr>
<th>Name of Emergency Contact</th>
<th>Relationship to student</th>
<th>Phone Number</th>
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<tbody>
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</table>
**Health Information:**
List, by child, any physical or health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc. that would prevent your student from participating.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Health Condition</th>
<th>Explanation</th>
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<tbody>
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</table>

*May the school nurse share health information on a need-to-know basis?*  ☐ Yes  ☐ No

*May your child be given first aid treatment/medication under doctor’s standing orders at the discretion of the nurse?*
☐ Yes  ☐ No

*Permission to give Tylenol/Motrin?*  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Doctor (First Choice)</th>
<th>Phone Number</th>
<th>Dentist</th>
<th>Phone Number</th>
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</table>

<table>
<thead>
<tr>
<th>Doctor (Second Choice)</th>
<th>Phone Number</th>
<th>Hospital Choice</th>
<th>Phone Number</th>
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</table>

I, the undersigned, do hereby authorize officials of the SCCTC or Elk Lake School District to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event, physicians, other persons named on this paper, or parents cannot be contacted, the school officials are hereby authorized to take what actions are deemed necessary in their judgment, for the health of the aforementioned child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

It is the policy of the Susquehanna County Career & Technology Center to teach good safety practices and emphasize them constantly throughout the instructional periods. Every precaution is taken to avoid accident or injury. If and when an accident occurs, first aid will be rendered, but parents must realize that medical treatment becomes their responsibility. We urge you to investigate your local school student insurance program and to avail yourself of the services if you deem them feasible.

**Date:**  
**Signature of Parent or Guardian:**
Parent/Guardian:
I agree to allow the Susquehanna County Career & Technology Center (SCCTC) and the sending school to share my child’s records. If my student is selected to attend the SCCTC, I understand I may be required to purchase necessary clothing, equipment, and tools and devices to ensure program safety. My student is permitted to operate pertinent power tools, equipment, machinery, and any electrical apparatus under the proper instruction and supervision.

Parent/Guardian Signature __________________________________________ Date ____________

Applicant: If accepted, I agree to abide by the policies, rules, and regulations of the Susquehanna County Career & Technology Center. These policies emphasize appropriate behavior and safety to personnel and equipment. Also, I agree to have information verified by my school records. I further realize that students are recommended to employers for placement based on their attitude, attendance, and performance in their instructional areas.

Applicant Signature __________________________________________ Date ____________

Frequently Asked Questions

✓ Is there a cost to attend the SCCTC? Tuition is paid for by the students’ sending school district. However, students are responsible for any shop or classroom-related fees.

✓ Is transportation provided? Yes, transportation is provided by the student’s sending school district. Please note that home-schooled students are required to provide their own means of transportation.

✓ Can my student attend extra-curricular activities at their sending high school such as sports, drama club, or student council? Absolutely! SCCTC allows students to participate in after school activities. Again, transportation is provided by your sending school district.

✓ Who can attend the SCCTC? The SCCTC is open to any high school student who resides in one of the following school districts: Blue Ridge, Elk Lake, Lackawanna Trail, Montrose Area, Mountain View, Susquehanna Community and Tunkhannock Area.

✓ What is a dual-enrollment program? Qualifying high school students have the opportunity to be dually-enrolled at the SCCTC and participating colleges. We also have Articulation Agreements with several different colleges.

✓ From which school will my student receive his or her high school diploma? Students who attend the SCCTC receive their high school diplomas from their sending high schools. Students also receive a competency certificate and any other certifications from the SCCTC and, upon completion.

For more information...
Contact your school counselor or the Susquehanna County Career & Technology Center at (570) 278-9229.