



CAPE MAY COUNTY TECHNICAL HIGH SCHOOL
 188 CREST HAVEN ROAD, CAPE MAY COURT HOUSE, NJ 08210
 (609) 465-2161, extension 691
 Fax: 465-4978

Application for Admission

School Year 2010-11

High School _____ Career/Technical _____ Date of Application _____

Please Print All Information

Student Name: _____
 Last First Middle

Mailing Address: _____
 Street/PO Box City State Zip Code

Actual Address: _____
 (For transportation if mailing Street/Number City State Zip Code
 address is a Post Office Box)

Telephone No. Home: () _____ Work: () _____
 Area Code Area Code
 Cell: () _____ E-mail: _____
 Area Code:

Student Date of Birth _____ Sex: _____ Birthplace: _____

Present Grade: _____

School Presently Attending: _____

Address of School (If outside of Cape May County): _____
 Street

 City State Zip Code

Telephone No. () _____ School Fax () _____
 Area Code Area Code

Technical Program Major Desired: 9th & 10th Grade: All students will be enrolled in the Exploratory Program (an overview of all careers offered), 11th & 12th Grade: Indicate 1st, 2nd, 3rd choices from list:

- | | | |
|---|--|---|
| <input type="checkbox"/> National Academy of Finance | <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Law Enforcement & Public Safety Technology |
| <input type="checkbox"/> Business Services Technology | <input type="checkbox"/> Diesel Mechanics Technology | <input type="checkbox"/> Masonry Technology |
| <input type="checkbox"/> National Academy of Hospitality & Tourism | <input type="checkbox"/> Early Childhood Development | <input type="checkbox"/> Natural Science Technology |
| <input type="checkbox"/> Travel, Tourism and Marketing | <input type="checkbox"/> Entertainment Production/ Music Arts Technology | <input type="checkbox"/> Pastry/Baking Technology |
| <input type="checkbox"/> National Academy of Information Technology | <input type="checkbox"/> Foods Production/Commercial Foods | <input type="checkbox"/> Pre-Engineering Technology |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Small Engine/Marine Mechanics Technology |
| <input type="checkbox"/> Allied Medical Technology | <input type="checkbox"/> Heating/Cooling/Plumbing/ Electrical | <input type="checkbox"/> Welding Technology |
| <input type="checkbox"/> Automotive Mechanics Technology | <input type="checkbox"/> Landscaping, Groundskeeping & Golf Course Maintenance | |
| <input type="checkbox"/> Carpentry | | |
| <input type="checkbox"/> Communications Arts Technology | | |
| <input type="checkbox"/> Cosmetology | | |

Personal Data Sheet

Student's Name: _____
Last Name First Name Middle Name

Race/Ethnic Identity: (You are not required to answer this question.)
White ___ Black ___ Hispanic ___ Asian/Pacific Islander ___ American Indian/Alaskan Native ___

Please list any special awards you have received: _____

Have you ever attended Cape May County Technical High School? Yes _____ No _____

Have brothers/sisters ever attended this school? Yes _____ No _____ Names: _____

How did you learn about the Technical High School? _____

Co-Curricular Interests: (Please circle sports and/or activities that the student would like to participate in.)

Baseball	Swimming	Fly Fishing Club	Mock Trial	Strategy Games Club
Basketball		Volleyball	French Club	National Honor Society
Cheerleading		Academic Challenge Team		Student Government
Cross Country		Aquaculture Club	HOSA	Newspaper
Golf		Drama Club	Interact Skills Club	Peer Leadership
Soccer		FFA	Key Club	Robotics
Softball		Floor Hockey		Tennis Club
				Fitness Training
				Yearbook
				School Based Youth
				Services Activities

With whom do you live? (Check one)
() Both parents () Guardian
() Mother () Other
() Father

Parent/Guardian's name: _____

Occupation: _____

Name & Address of Employer: _____

Business Phone Number: _____

Cell Phone Number: _____

Has your child ever received a Child Study Team classification? Yes _____ No _____ If yes, please complete the following:

1. Classification _____ 2. Date of most recent IEP _____
3. Is he/she currently receiving special education services? Yes _____ No _____
4. Does he/she have a current 504 Plan? Yes _____ No _____ If yes, date of 504 Plan _____

I give my permission as parent/guardian to have academic, standardized tests, attendance, discipline, health and Child Study Team records released to the Cape May County Technical School District.

Parent/Guardian Signature Date

My signature verifies that the information contained herein is true and correct. I realize that false or incomplete information can be cause for nonacceptance or dismissal.

WHEN YOU HAVE COMPLETED THE APPLICATION AND THE ATTACHED HEALTH FORM:
Please bring or mail it to: Admissions Coordinator, Cape May County Technical High School
188 Crest Haven Road
Cape May Court House, NJ 08210
DO NOT send the application to the school the applicant presently attends. No applications will be accepted after October 1, 2010. If you have any questions, please call the Admissions Office at 465-2161, ext. 691. You will receive acknowledgment indicating receipt of the application and information about the next Admissions Placement Assessment.

The Cape May County Technical School District ensures access to all schools, facilities, programs, activities, and benefits for all students, regardless of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, religion, disability or socioeconomic status.