

\_\_\_\_\_  
Applicant's Name



2740 Old York Road, Jamison PA 18929  
(215) 343-2480 Fax (215) 343-8626

A Campus of Centennial, Central Bucks, Council Rock,  
and New Hope/Solebury School Districts

# 2010-2011 Academic Year

## Application for Admission

TO BE RETURNED TO YOUR SCHOOL COUNSELOR

It is the policy of Middle Bucks Institute of Technology not to discriminate on the basis of race, sex, religion, color, national origin, disability, or limited English proficiency in its educational programs, activities and employment policy as required by title IX of the 1972 Educational Amendments, title VI of the Civil Rights Act of 1964 and Section 504 Regulations of the Rehabilitation Act of 1973. For information regarding services, activities, programs, and facilities that are accessible to and usable by handicapped persons, or for inquires regarding compliance with the above non-discriminatory policies, contact Thomas Viviano, Civil Rights Compliance Officer, Middle Bucks Institute of Technology, 2740 Old York Road, Jamison, PA 18929, 215-343-2480.

**SECTION I – TO BE COMPLETED BY APPLICANT; REQUIRES PARENT SIGNATURE**

**Directions: Please print clearly and complete all items in Section I.**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Check (✓) please: \_\_\_\_\_ Male \_\_\_\_\_ Female

High School you attend/will attend \_\_\_\_\_ High School Year of Graduation \_\_\_\_\_

Resident School District of Parent/ Legal Guardian \_\_\_\_\_

Parent(s)/Legal Guardian: \_\_\_\_\_  
(Circle One) Name

Parent(s)/Legal Guardian contact information: \_\_\_\_\_  
Daytime Phone Number E-mail address

Student lives with:  Parent(s)  Legal Guardian  Other \_\_\_\_\_  
Please indicate relationship

2<sup>nd</sup> Contact Person: \_\_\_\_\_  
Name Work or Daytime Phone Number Relationship to Student  
(Circle One)

Emergency Contact: \_\_\_\_\_  
Name Work or Daytime Phone Number Relationship to Student  
(Circle One)

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**ADMISSIONS AGREEMENT**

Choosing to attend Middle Bucks requires making an informed and responsible career decision. A student’s success and continued enrollment will depend on the following:

1. Regular Attendance – You will be expected to be prompt and attend regularly.
2. Positive Behavior and Self-Discipline – You will be expected to work cooperatively with all staff and students demonstrating respect and self-control at all times.
3. Effort and Safety – You will be expected to participate actively in all educational activities as directed by the teacher, achieve to the best of your ability, and adhere to all safety rules and regulations. Furthermore, you agree not to attempt to perform any procedure, use any tools/equipment or handle any supply or material without proper training and the approval of the assigned teacher.
4. Financial Requirement – You may be required to purchase certain items that uniquely pertain to your particular program (e.g. personal safety equipment, clothing and/or selected tools).

Both the students and the parents agree to the aforementioned requirements and acknowledge the inherent risk and potential for injury involved in career and technical programs. Your signature further indicates these requirements as a condition for acceptance to the Middle Bucks Institute of Technology. Failure to comply with the requirements may result in removal from Middle Bucks and reassignment to a more appropriate educational program.

I am committed to the admissions agreement and request admission to the program/course as indicated.  
I approve this application and hereby give permission for the release of any and all school records concerning the applicant.

\_\_\_\_\_  
Signature Date

**CONSENT AUTHORIZATION** (Parent/Guardian must read and sign.)

I am the parent or legal guardian of the student applicant, have examined the information on this application, and agree with the course selection(s) my son/daughter has requested.

\_\_\_\_\_  
Signature Date

## PROGRAM/COURSE SELECTION

**DIRECTIONS:** Please indicate your first choice by placing a “1” in the space to the left of the course title. A “2” should be placed next to any second choice you desire should your first choice program be filled. All courses are open to students in grade 10 through 12 (with special permission from the participating district, 9<sup>th</sup> grade students may apply).

### Architecture & Construction Career Cluster Pathways:

- \_\_\_\_\_ Construction Carpentry
- \_\_\_\_\_ Drafting & Design Technology
- \_\_\_\_\_ Electrical & Network Cabling
- \_\_\_\_\_ HVAC / Plumbing
- \_\_\_\_\_ Practical Environmental Landscaping

### Arts, A/V Technology & Communications Cluster Pathways:

- \_\_\_\_\_ Commercial Art & Design
- \_\_\_\_\_ Multimedia Technology

### Health Science Career Cluster Pathways

- \_\_\_\_\_ Dental Assisting
- \_\_\_\_\_ Health Occupations
- \_\_\_\_\_ Health Sciences
- \_\_\_\_\_ Penn State University Partnership Courses; A Session 7:30 – 9:00 am

### Hospitality & Tourism Career Cluster Pathway:

- \_\_\_\_\_ Culinary Arts

### Human Services Career Cluster Pathways:

- \_\_\_\_\_ Cosmetology
- \_\_\_\_\_ Early Childhood Care & Education

### Information Technology Career Cluster Pathways:

- \_\_\_\_\_ Networking & Operating Systems Security
- \_\_\_\_\_ Web Page, Digital Multimedia, & Information Resources Design

### Manufacturing Career Cluster Pathways:

- \_\_\_\_\_ Precision Machining Technology
- \_\_\_\_\_ Welding Technology

### Law, Public Safety & Security Career Cluster Pathway:

- \_\_\_\_\_ Public Safety

### Science, Technology, Engineering & Mathematics Career Cluster Pathway:

- \_\_\_\_\_ Engineering Related Technology
- \_\_\_\_\_ Penn State University Partnership Courses; A Session 7:30 – 9:00 am

### Transportation, Distribution, & Logistics Career Cluster Pathways:

- \_\_\_\_\_ Automotive Collision Technology
- \_\_\_\_\_ Automotive Technology

**All programs are Tech Prep approved! See the Program of Studies for prerequisites, other program requirements, and weighting of courses.**



**SECTION II: TO BE COMPLETED BY YOUR SCHOOL COUNSELOR**

**SELECTION AND PLACEMENT CRITERIA**

Directions: Evaluate the student on the following criteria by checking (✓) the appropriate description on the rating scales.

<b>ATTENDANCE:</b>	<input type="checkbox"/> Excellent (0 – 4 days)	<input type="checkbox"/> Average (5 – 10 days)	<input type="checkbox"/> Below Average (more than 10 days)
<b>DISCIPLINE RECORD:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good to Fair (3 or fewer minor infractions)	<input type="checkbox"/> Poor (Several serious infractions or a pattern of misbehavior)
<b>APTITUDE FOR PROGRAM:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor Test Used _____
<b>INTEREST FOR PROGRAM:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor Test Used _____
<b>ACADEMIC ACHIEVEMENT:</b>	<input type="checkbox"/> Excellent (4.0 – 3.0)	<input type="checkbox"/> Good to Fair (2.9 – 2.0)	<input type="checkbox"/> Poor (less than 2.0)

**STUDENT'S PA SECURE I.D. NUMBER:** \_\_\_\_\_ (REQUIRED)

**OTHER RELEVANT CONSIDERATIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SCHEDULING REQUEST:**

Please check (✓) one:     Full Year     Fall Semester ONLY     Spring Semester ONLY

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**Please check all that apply. Data is used for state reporting and I.D.E.I.A. requirements**

Regular Education     Special Education     Alternative Education Placement \_\_\_\_\_

Special population summary to be completed by special education personnel or appropriate staff member.

Special education contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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I have reviewed the appropriateness of this student's program choice and I  
 support,  support with reservation\*, or  do not support\* this student's  
application for admission into his/her selected program of study.

- **List of Attachments**
- Standardized test results
- PSSA Scores
- CareerScope Assessment results
- Recent report card
- Transcript
- IEP, if applicable

\* Reason (if any) for reservation or non-support: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's School \_\_\_\_\_ Counselor's Phone Number \_\_\_\_\_

Counselor's E-mail address \_\_\_\_\_