

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



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

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

# 2014-2015 Academic Year

## Application for Admission

TO BE RETURNED TO YOUR SCHOOL COUNSELOR

The Middle Bucks Institute of Technology does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to Middle Bucks Institute of Technology, Title IX Coordinator or Section 504 Coordinator at 2740 Old York Road, Jamison, PA 18929 or 215-343-2480.

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

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address \_\_\_\_\_ Apt # \_\_\_\_\_ Parent/Guardian Home Phone (\_\_\_\_) \_\_\_\_\_

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

High School you attend/will attend \_\_\_\_\_ Current Grade Level \_\_\_\_\_

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

1<sup>st</sup> Parent/Legal Guardian: \_\_\_\_\_  
(Circle One) Name Relationship to Student

1<sup>st</sup> Parent/Legal Guardian contact information: \_\_\_\_\_  
Daytime Phone Number E-mail address

2<sup>nd</sup> Parent/Legal Guardian: \_\_\_\_\_  
(Circle One) Name Relationship to Student

2<sup>nd</sup> Parent/Legal Guardian contact information: \_\_\_\_\_  
Daytime Phone Number E-mail address

\*Address if different from above \_\_\_\_\_

Student lives with:  Both Parents/Guardians  1<sup>st</sup> Parent/Guardian only  2<sup>nd</sup> Parent/Guardian only

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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. I understand that I am responsible for all fees and materials required as part of my child’s program at MBIT.

\_\_\_\_\_  
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:**

- \_\_\_\_\_ Building Trades Occupations
- \_\_\_\_\_ Computerized Drafting & Engineering Graphics
- \_\_\_\_\_ Construction Carpentry
- \_\_\_\_\_ Electrical & Network Cabling
- \_\_\_\_\_ HVAC / Plumbing Technology
- \_\_\_\_\_ Practical Environmental Landscaping

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

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

### **Health Science Career Cluster Pathways**

- \_\_\_\_\_ Dental Occupations
- \_\_\_\_\_ Health Occupations
- \_\_\_\_\_ Health Sciences

### **Hospitality & Tourism Career Cluster Pathway:**

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

### **Human Services Career Cluster Pathways:**

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

### **Information Technology Career Cluster Pathways:**

- \_\_\_\_\_ Administrative Sciences & Business Technology
- \_\_\_\_\_ Networking & Operating Systems Security
- \_\_\_\_\_ Web Design & Interactive Media

### **Manufacturing Career Cluster Pathways:**

- \_\_\_\_\_ Welding Technology

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

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

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

- \_\_\_\_\_ Engineering Related Technology

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

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

**Applicant Statement:** In your own words, please explain on a separate sheet of paper why you would like to attend Middle Bucks Institute of Technology and why you are interested in the programs you selected as your first and second choice. If there is additional information that would help the application committee in deciding your acceptance such as obstacles you've overcome to be successful, please share that as well.

**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** (over 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)**

**\*\*IF CHECKED, PLEASE PROVIDE INFORMATION, I.E. DISCIPLINARY REPORT, ETC.**

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

**SCHEDULING REQUEST:**

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

**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 \_\_\_\_\_

504 Plan     English Language Learner (ELL)     BCIU Program \_\_\_\_\_

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

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.

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

Counselor’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Counselor’s School \_\_\_\_\_

Counselor’s Phone Number \_\_\_\_\_ Counselor’s E-mail Address \_\_\_\_\_

**List of Attachments**

- Standardized test results
- PSSA Scores
- CareerScope results
- Recent report card
- Transcript
- IEP, if applicable
- Student statement