
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

2013-2014 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 inquiries 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.

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 _____

1st Parent/Legal Guardian: _____
(Circle One) Name Relationship to Student

1st Parent/Legal Guardian contact information: _____
Daytime Phone Number E-mail address

2nd Parent/Legal Guardian: _____
(Circle One) Name Relationship to Student

2nd Parent/Legal Guardian contact information: _____
Daytime Phone Number E-mail address

*Address if different from above _____

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

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.

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 approve this application and hereby give permission for the release of any and all school records concerning the applicant. 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, 9th grade students may apply).

Architecture & Construction Career Cluster Pathways:

- _____ Building Trades Occupations
- _____ Computerized Drafting & Engineering Graphics
- _____ Construction Carpentry
- _____ 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 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 Page, Digital Multimedia, & Information Resources Design

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 Collision Technology
- _____ Automotive 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.

ATTENDANCE:	<input type="checkbox"/> Excellent (0 – 4 days)	<input type="checkbox"/> Average (5 – 10 days)	<input type="checkbox"/> Below Average** (over 10 days)
DISCIPLINE RECORD:	<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)
APTITUDE FOR PROGRAM:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor Test Used _____
INTEREST FOR PROGRAM:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor Test Used _____
ACADEMIC ACHIEVEMENT:	<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: _____

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

Counselor’s Signature: _____

Date: _____ Counselor’s School _____

Counselor’s Phone Number _____ Counselor’s E-mail Address _____