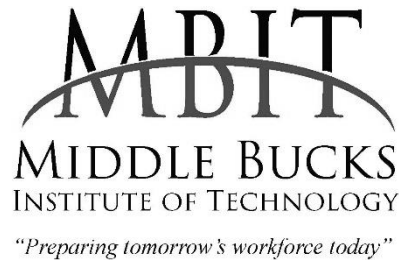


Date Received by MBIT

Applicant's Name



2740 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

2020-2021
Academic Year
Application for Admission

APPLICATIONS ARE TO BE RETURNED TO THE MBIT SCHOOL COUNSELOR
THROUGH THE MAIL OR EMAILED AT APPLICATIONS@MBIT.ORG

The Middle Bucks Institute of Technology does not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, [sex] gender, sexual orientation, disability, age, religion, ancestry, union membership, gender identity or expression, AIDS or HIV status, or any other legally protected category. Announcement of this policy is in accordance with State Law including the Pennsylvania Human Relations Act and with Federal law, including Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990. Inquiries may be directed to Middle Bucks Institute of Technology, Title IX Coordinator or Section 504 Coordinator at 2740 York Road, Jamison, PA 18929 or 215-343-2480.

SECTION I – TO BE COMPLETED BY PARENT/GUARDIAN

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

Current school you attend _____ Current Grade Level _____

Current School Counselor's Name _____

H.S. you will attend _____

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

SECTION II – TO BE COMPLETED BY APPLICANT

APPLICANT STATEMENT: In your own words, please explain in the space below 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, including obstacles you have overcome to be successful, please share that as well. You may use additional paper if necessary.

SECTION III – TO BE COMPLETED BY APPLICANT

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 grades 10-12.

Arts and Communication Career Pathways:

_____ Commercial Art & Advertising Design

_____ Multimedia Technology

Business Finance and Information Technology Career Pathways:

_____ Networking & Operating Systems Security

_____ Web Design & Interactive Media

Engineering and Industry Career Pathways:

_____ Automotive Technology

_____ Building Trades Occupations

_____ Computerized Drafting & Engineering Graphics

_____ Collision Repair Technology

_____ Electrical Technology

_____ Engineering Related Technology

_____ Horticulture Landscape & Design

_____ HVAC/Plumbing Technology

_____ Residential Construction Carpentry

_____ Welding Technology

Human Services Career Pathways:

_____ Cosmetology

_____ Culinary Arts & Science

_____ Early Childhood Care & Education

_____ Public Safety

Science and Health Career Pathways:

_____ Dental Occupations

_____ Medical & Health Professions

_____ Sports Therapy & Exercise Management

SECTION IV – TO BE COMPLETED BY PARENT/GUARDIAN

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

- Student has an IEP Student has a 504 Plan
- Student does not have an IEP English Language Learner (ELL)

Special Education Contact Person: _____ Phone Number: _____

SECTION V – REQUIRES APPLICANT AND PARENT/GUARDIAN SIGNATURE

ADMISSIONS AGREEMENT

A student’s admission to Middle Bucks, success and continued enrollment will depend on the following:

1. Regular Attendance – You will be expected to be prompt and adhere to school district and PA state attendance policies.
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. Student’s discipline records will be reviewed during the application process in order to determine safe placement in an MBIT program.
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 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.

Student 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.

Parent/Guardian Signature

Date