

ADULT DAY SCHOOL STUDENT APPLICATION
NON-REFUNDABLE APPLICATION FEE: \$40.00

Name:		Birth Date (MM/DD/YYYY):
Address:		Social Security # :
City:		Home Phone:
State:	Zip:	Cell Phone:
County:		Work Phone:
School District You Live In:		Email:

Which Course(s) are you interested in attending? (In order of Preference) 1. _____ 2. _____	What is your goal at completion of training?
	When are you available to start?
How did you hear about Berks Career & Technology Center Adult Training Programs? (Please circle one)	
<input type="checkbox"/> Newspaper <input type="checkbox"/> CareerLink <input type="checkbox"/> OVR <input type="checkbox"/> Web Site <input type="checkbox"/> Open House <input type="checkbox"/> Job Fair <input type="checkbox"/> Friend <input type="checkbox"/> Past Student	

EDUCATION

Highest Grade Completed (please circle one): 6 or below 7 8 9 10 11 12 13 14 15 16 above

SCHOOL	Name & Location of School	Course/ Major Field of Study	# of Years Completed	Dates Attended	Date Received Diploma or GED
High School					
College or Other/ Post Secondary					
Other: Certificates or Licenses					
What is the highest level Math you have completed?		Have you previously taken courses at BCTC (formerly Berks Vo-Tech)? YES NO			
		If so, what was the course title?			

EMPLOYMENT RECORD (Past 10 years starting with present or most recent employer)

1	Company Name	Telephone
	Address	Dates Employed
	Job Title	Pay: Weekly Start Last
	Describe Your Work	Reason For Leaving
2	Company Name	Telephone
	Address	Dates Employed
	Job Title	Pay: Weekly Start Last
	Describe Your Work	Reason For Leaving
3	Company Name	Telephone
	Address	Dates Employed
	Job Title	Pay: Weekly Start Last
	Describe Your Work	Reason For Leaving
4	Company Name	Telephone
	Address	Dates Employed
	Job Title	Pay: Weekly Start Last
	Describe Your Work	Reason For Leaving
Summarize special job-related skills and qualifications acquired from employment or other experience including any licenses or certifications.		

1. Do you have a driver's license? YES NO

2. Do you have transportation? YES NO If, NO how do you plan to attend classes? _____

3. Do you qualify for one of the following? (Please circle) WIA TAA/TRA OVR TANF SSI

4. Do you have a High School diploma or GED? YES NO

5. Are you a United States Citizen? YES NO

6. Do you receive unemployment benefits? YES NO

7. Have you ever been convicted of a felony? YES NO If yes, when?

8. Do you receive Welfare benefits? YES NO Food Stamps? YES NO
If yes, Name of Case worker _____ Case
Number _____

9. Do you have a disability? YES NO

10. Are you a single parent? YES NO

11. Have you received your childhood immunizations? YES NO

School policy requires State and Federal criminal background checks and a Child Abuse Clearance.

Please print:

Name: Last, First, Middle Initial	Maiden Name:	Alias:
Social Security Number:	Date of Birth: MM/DD/YYYY	
Ethnicity:	Sex:	

AFFIRMATION and SIGNATURE

- Berks Career and Technology Center's Continuing Education Department will request, and keep on file, a criminal clearance record and that my acceptance to attend classes may be affected by the results of my record.
- This application will be given every consideration, but its receipt does not imply acceptance into BCTC Adult Day School program.
- I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my application, (2) withdrawing of any offer of acceptance, or (3) terminating enrollment.
- I authorize investigation of all statements contained in this application for enrollment as may be necessary in making a decision.
- I understand that I am required to abide by all rules and regulations of Berks Career & Technology Center.

Signature

Date

OFFICE USE ONLY

Date Application Received/By:	Interview Date/By:
Planned Attendance Schedule: EAST WEST AM PM ALL DAY M T W TH F All Week	Career Objective: 1 st Choice: 2 nd Choice:
Date Instructor Contacted:	Assignment:
Scheduled Start Date:	Source of Tuition
Scheduled End Date:	Case Manager:
Comments:	

<input type="checkbox"/> Application <input type="checkbox"/> Application Fee Receipt <input type="checkbox"/> Application Received Letter (Copy) <input type="checkbox"/> H.S. Diploma/GED/Test Scores <input type="checkbox"/> Criminal Record Processed <input type="checkbox"/> Child Abuse Clearance Received <input type="checkbox"/> Acceptance Letter (Copy) <input type="checkbox"/> Student Manager <input type="checkbox"/> Secure ID # <input type="checkbox"/> Classmate <input type="checkbox"/> Student ID # <input type="checkbox"/> Tuition Worksheet (CE-062) <input type="checkbox"/> Tuition Contract	<input type="checkbox"/> TRA Outline (if applicable) <input type="checkbox"/> Attendance Sheets Type: TRA WIA OVR SELF <input type="checkbox"/> Adult Student Handbook Agreement (CE-213) <input type="checkbox"/> Secondary Student Handbook Agreement (SS-032) <input type="checkbox"/> Adult Data Form (CE-015) <input type="checkbox"/> Medical Card (CE-011) <input type="checkbox"/> WIA Information Form (CE- 210) <input type="checkbox"/> Confidentiality of Records (CE-211) <input type="checkbox"/> ID Badge <input type="checkbox"/> Proxy Card (CE-208) Number _____ <input type="checkbox"/> Driving Permit (CE-207) No. _____ <input type="checkbox"/> Returned Driving Permit Date: _____ <input type="checkbox"/> Returned Proxy Card Date: _____
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Date	Notes	Initials

Berks Career and Technology Center will not discriminate in its employment practices or its educational programs and activities on the basis of race, color, age, creed, religion, gender, sex, sexual orientation, ancestry, domicile, veterans status, national origin, marital status, pregnancy, handicap/disability or genetic information or any other legally protected characteristics in its admission procedures, educational programs and activities or employment practices, as required by the Pennsylvania School Code and related regulations, ADA, Title VI, Title IX, and Section 504 and will provide equal access to the Boy Scouts, Girl Scouts and other designated youth groups. Students are encouraged to consider enrolling in career programs non-traditional to their gender. Berks Career and Technology Center will take steps to assure that the lack of English language skills will not be a barrier to admission and participation in career and technical education programs and will make reasonable accommodations for those with disabilities. Furthermore, harassment in any form, including bullying, by any individual will not be tolerated. All policies, regulations and practices of BCTC shall be guided by this statement. Inquiries regarding compliance with Title IX, Section 504 or Title VI should be directed to the Office of the Administrative Director at 1057 County Road, Leesport, PA 19533, 610-374-4073.

Berks Career and Technology Center no discriminará por razones de raza, color, edad, religión, sexo, orientación sexual, origen, domicilio, si es veterano, nacionalidad, estado civil, embarazo, incapacidad o cualquier otra característica protegida legalmente en su proceso de empleo, programas educativos ni actividades o proceso de admisiones como es requerido por el Código Escolar del Estado de Pennsylvania y las regulaciones ADA, Título VI, Título IX y Sección 504 y proporcionará un acceso igualitario a los Boy Scouts, Girl Scouts y otros grupos de jóvenes designados. Fomentamos que todo estudiante considere registrarse en programas educativos no tradicionales a su sexo. Berks Career and Technology Center tomara pasos para asegurar que la falta de conocimiento de Ingles no sea una barrera para su admisión y participación en los programas educativos y técnicos. También se harán acomodaciones razonables para personas con impedimentos físicos. Cualquier forma de acoso, incluyendo intimidación por parte de cualquier individuo no será permitida. La política, regulaciones y prácticas de BCTC serán guiadas por esta declaración. Dudas o preguntas acerca del cumplimiento del Título IX, Sección 504 o Título VI deberán dirigirse a la oficina del Director Administrativo en 1057 County Rd, Leesport PA 19533, 610-374-4073.