

Dauphin County Technical School
Student Application
Guidance Packet

Deadline for submission to Dauphin County Technical School to have priority consideration is January 8. All other applications will be dated and placed on hold for consideration on a later date.

Student Name _____ Today's Date _____
Home High School District _____ Grade Applying for _____
Current School Attending _____ Registered at sending district? Y__ N__

Student Application Packet

(Please check only one square below indicating the type of completed application that is attached.)

- 9th Grade Application
- 10-12 Grade Application
- Re-admittance Grade 10-12
- Vocational Transfer Application
- Seniors Only Program

A complete application packet consists of the following, including all necessary attachments:

- _____ Student Application Cover Sheet
- _____ Student Application Information Page
- _____ Parental Registration Statement
- _____ Guidance Assessment Form
- _____ Immunization Record
- _____ Home Language Survey
- _____ Standardized Test Scores
- _____ Discipline Records
- _____ Transcripts (grades 10-12)
- _____ Attendance Records
- _____ Current Report Card
- _____ Most Current IEP and ER
- _____ Special Education Form (if applicable)
- _____ 4Sight Score (Spring grade 8)
- _____ Tuition District Application
- _____ Course Selection Sheets
- _____ 504 Plan
- _____ PSSA Scores (grades 6, 7 and 8)

The student application packet attached is complete and the above student has my approval to begin the selection process for admission to the Dauphin County Technical School

Principal of Consortium (print)

(Signature)

School _____

Guidance Counselor Assessment Form

Name _____ Present Grade _____ Birthday Verification _____
(last) (first) (M.I.)

Days absent in Grade 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ PA SECURE ID# _____

Please note any major disciplinary issues your school has had with this student. (please attach student's record if needed):

Attitude toward school: (please circle one)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Has the student ever been retained? Yes _____ No _____ If Yes, what grade(s) _____

Grade this Marking Period (*cumulative to date*)

English _____ Social Studies _____ Science _____ Other _____
Math _____ Algebra _____ Pre-Algebra _____ Other _____
Industrial Arts _____ Typing _____ Art _____ Other _____

Standardized Test results:

Is the student presently in Compensatory or Remedial?

Math Yes _____ No _____

Reading Yes _____ No _____

Comments: _____

Does the student receive special education services? Yes _____ No _____

Does the student have a 504 plan? Yes _____ No _____

Has the student ever been through the child find process? Yes _____ No _____

Does the student receive ELL services? Yes _____ No _____

Guidance Counselor _____
(print name) (Signature) Telephone number and ext. _____

Note any medical problems: _____
(to be completed by nurse)

Summary of Special Education Documents

Name _____ Grade _____

School _____ Birthdate _____

This application is for a student applying for (check one):

- Grade 9 Exploratory Program
- Seniors Only Program
- Grade 10-12 admission into a Vocational Program. Indicate 1st and 2nd choice below
- 1st Choice _____ 2nd Choice _____

Disability _____ Level of Service _____

IQ Test _____ Date _____ VIQ _____ Full IQ _____

Grades _____ English _____ Math _____ Science _____ Social Studies _____

PRESENT LEVELS

Academic: Reading - Decoding _____ Comprehension _____
Math _____ Spelling _____ Written Language _____

Behavioral:

Discipline:

Attendance:

Social:

Strengths:

Needs:

Special Designed Instructions:

Learning Support	Emotional Support			
Reg. Ed. English _____	Math _____	Science _____	Social Studies _____	
Direct Instr English _____	Math _____	Science _____	Social Studies _____	
Inclusion English _____	Math _____	Science _____	Social Studies _____	

***Please include current IEP, ER and original Psychological or Evaluation diagnosing disability**

