



DAUPHIN COUNTY TECHNICAL SCHOOL
 6001 Locust Lane • Harrisburg, PA 17109 • www.dcts.org
 Phone: (717) 652-3170, Guidance ext. 7432

2020-2021 High School Application

Circle Current Grade: 9 10 11 12

*This form **MUST** be completed by hand by the student, in blue or black ink. Answers are not to be typed. Please print as clearly as possible.*

Applying for: Grade: _____ Circle one: Full Day Half Day AM Junior Half Day PM Senior

Half Day students are responsible for their own transportation.

Previously Attended DCTS? Yes No If Yes, Date(s) Attended: _____

Name: _____ Phone: _____
 Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

School District: _____ Present School: _____

Guardian: _____

Guardian: _____

Cell Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Employer Phone Number: _____

Employer Phone Number: _____

Student lives with (circle one): Both Parents Mother Father Guardian(s)

Please Note: Placement testing will be required after student is accepted at Dauphin County Technical School.

STUDENT TRANSFER POLICY

Newly admitted first year students will be required to remain at the Dauphin County Technical School for the first marking period of the school year, unless the Dauphin County Technical School is notified prior to July 1st of the school year to rescind the student's application. A first year student may request reassignment to the home school, at the end of the first marking period, through the Dauphin County Technical School Guidance Office, who will contact the designated representatives of the home school. Transfers other than first year students will be handled on a case-by-case basis.

At the start of the tenth week of school, students will not be permitted to return to their home schools except for extreme cases, which will be handled individually following the procedure enumerated above.

Student Name: _____

DOB: _____

Students in their second or third year of high school at the Dauphin County Technical School, who want to return to their home school, must initiate a request for reassignment to the home school by July 1st of the school year through the DCTS Guidance Office who will notify the designated representative of the home school. Once the school year begins, transfers would cease except for extreme cases, which will be handled individually following the procedure outlined above.

The participating district has no responsibility to accept a student who has violated DCTS policy and is under suspension or expulsion. The Joint Operating Committee will carry out all expulsion hearings regardless of the enrollment status of the student

Parental Registration Statement

Pennsylvania School Code 13-1340-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of the Commonwealth or any other State for any act or for any act of violence committed on school property."

I hereby swear or affirm that my child (one) was was not

previously suspended or expelled from any public or private school of the Commonwealth or any other State for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or any act of violence committed on school property. *I make this statement subject to penalties of 24 P.S. 13-1340-A(B) and IS Pa. C.S.A. 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If child was suspended or expelled, please list name of school, reason for suspension/expulsion, and dates of suspension/expulsion:

Release of Information

For the purposes of the next four questions, "evaluated" means a student went through the process to determine eligibility for services. If the student was evaluated but did not to qualify for the services in question, you should still check yes.

- Has the student ever been evaluated for special education services? (one) Yes No
- Has the student ever been evaluated for gifted services? (one) Yes No
- Has the student ever been evaluated for a 504 plan? (one) Yes No
- Has the student ever been evaluated for ELL (English Language Learner) services? (one) Yes No
- Has the student ever attended a CTC or technical school? (one) Yes No

If yes, what school? _____

_____ I give permission to have my student's records released to DCTS.
[initials]

I have read and understand the above statements concerning the student transfer policy, previous suspensions/expulsions, placement testing, release of information, and I have initialed permission for release of records to DCTS.

Parent/Guardian Signature & Date

Parent/Guardian Name (Please Print)



Academy Selection: Please select three (3) career pathways from the Academy choices listed below. You **MUST** choose three (3), as there is limited space in each program to ensure a safe and effective environment. Identify order of preference with "1," "2," and "3."

ADVANCED MANUFACTURING

- Drafting & Design
- Electronics Technology
- Precision Machining Technology
- Welding

CONSTRUCTION

- Building Construction Technology
- Carpentry
- Electrical Construction/Maintenance
- HVAC
- Masonry

HEALTH CAREERS

- Dental Assistant
- Health Careers
- Medical Assistant

INFORMATION TECHNOLOGY

- Information Systems
- Web Development & Design

SERVICE

- Cosmetology
- Culinary Arts
- Criminal Justice/Police Science
- Horticulture
- Veterinary Assistant

TRANSPORTATION

- Automotive Technology
- Collision & Refinishing Technology
- Diesel Technology
- Small Engine Equipment Technology

VISUAL ARTS

- Commercial Art
- Graphic Arts

1. Why do you want to follow this career pathway?

2. What experiences have you had in the career pathway you are applying for?

3. What do you plan to do beyond graduation from high school?



Dauphin County Technical School Career Exploration Interview

Name: _____ School: _____ District: _____

Occupational Area of Interest: _____

In order for a student application to be considered complete, the student must complete the questions listed on the front and back of this sheet. Failure to do so will eliminate a student from the application process. Should a student encounter problems in the completion of these questions, he/she may request assistance from his/her counselor.

INTERVIEW

To help the applicant make an appropriate career choice, DCTS requires that an interview be conducted with someone who is employed in the occupational academy of your 1st choice. Make certain that the person interviewed signs and dates this sheet. **The student applicant must write the answers to the questions.** If a student cannot find a person to interview, he/she may obtain the answers by researching careers on the internet. If a student cannot understand the English language, s/he may request a Spanish version of the Career Exploration Interview form. "Yes" or "No" answers are not acceptable responses to questions. If you are physically unable to write the answers to the questions (this must be confirmed by your counselor), you may submit an audio file via email with the answers in place of the written sheet. Your guidance counselor can help you with this.

1. What is a typical week like in your chosen career field? How do people in this career spend their work hours?

2. What kind of jobs are in this field?

3. What special abilities or talents do successful people in this career field display?

4. What dangers and/or hazards do people in this career field encounter?

5. List three to five things about their jobs people in this field might say make them happy?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | |

6. Once you graduate from DCTS, what further education will you need to reach your career goal? College? Technical School? On-the-job training? How long do you expect this further education to take?

7. List three to five things about their jobs people in this field might consider a disadvantage?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | |

8. What is the average salary earned in this occupational area?

Signature of Person Interviewed: _____

Title: _____ Date: _____

If the information was obtained from a source other than an interview of an individual, please list the source of your information.



DAUPHIN COUNTY TECHNICAL SCHOOL

Student Application - Teacher Recommendation Form

Name: _____ High School: _____

Choice(s) of Career Pathway of Interest: (1) _____ (2) _____ (3) _____

Teacher Completing Recommendation: _____

Teacher Signature: _____

PERSONAL FACTORS

[please circle the box that best describes the student for each of the 10 factors listed below]

	1	2	3	4	5
1. Cooperation: willingness to work with others	Openly uncooperative	Reluctant to cooperate	Ordinarily cooperative	Always cooperative	Stimulates cooperation
2. Attitude toward authority: willingness to take and carry out orders	Definitely resents taking orders	Accepts with resistance	Appears to accept reasonably well	Shows evidence of accepting authority well	Understands and appreciates need for authority
3. Attitude toward training: willingness to learn new methods or techniques toward greater efficiency and growth	Definitely resists	Accepts training only under pressure	Accepts training if sees advantages	Willingly accepts training	Constantly seeks additional training
4. Adherence to rules/directions/safety guidelines: exhibits consistent and reliable behavior	Often exhibits inconsistent, unsafe behavior	Sometimes exhibits inconsistent, unsafe behavior	Occasionally exhibits unsafe behavior	Rarely exhibits unsafe behavior	Always exhibits safe, consistent behavior
5. Resourcefulness: having ideas, devising ways and means, applying images	Of no help in solving problems	Rarely offers a constructive solution	Has average supply of solutions	Usually resourceful even in an emergency	Exceptional capacity for problem solving
6. Interest: degree of enthusiasm for specific job and the organization in general	Totally disinterested	Uninterested	Shows a varying degree of interest	Well motivated	High specific and general interest
7. Initiative: takes lead, self-starter	Never initiates	Waits for others to get started	Usually initiates	Frequently sees things to do	Usually self-reliant, creative
8. Responsibility: assurance that assignment will be done	Unreliable	Somewhat dependable	Usually dependable	Dependable, conscientious	Very dependable, takes responsibility
9. Work ethic: does best work possible, cares about quality work	Sloppy, careless	Strives for quality only under pressure	Work is acceptable	Usually conscientious about work	Takes pride in doing excellent work
10. Punctuality: beginning on, or ahead of, time for class	Consistently tardy	Sometimes tardy	Usually on time	Punctual	Always punctual

TOTAL [please]: _____



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TOTAL [please]: _____



DAUPHIN COUNTY TECHNICAL SCHOOL

High School Application
2020-2021

TO BE COMPLETED BY GUIDANCE OFFICE FROM THIS POINT FORWARD

Please provide requested information directly on this form.

Please do not write: "See attached" in lieu of completing this form as it will significantly delay the student's application process.

Please note:

Applications are considered incomplete if required documentation is not submitted. This could result in a negative impact on the student's score.

All DCTS students will be issued a laptop computer to be utilized as a part of their educational experience. Acceptance and use of this laptop is required by all students and cannot be declined or refused.



Dauphin County Technical School

High School Student Application Guidance Packet

Deadline for submission to DCTS, in order to have priority consideration for acceptance:

Deadline for Application – February 3, 2020. After this date, students will lose (-5) points for late submission.

Student Name: _____ Today's Date: _____
(Last) (First) (Middle)

Home District: _____ Grade Applying For: _____

Current School Attending: _____ Registered at Sending District? Yes No

Student Application Packet

(Please only one square below indicating the type of completed application that is submitted)

- | | |
|---|---|
| <input type="checkbox"/> High School Student Application | <input type="checkbox"/> Re-admittance Grade 10 th -12 th |
| <input type="checkbox"/> Career Pathway Transfer Application
Career & Technical School _____ | <input type="checkbox"/> Junior ½ day Program * |
| Career & Technical Program _____ | <input type="checkbox"/> Senior ½ day Program* |

** Students must provide their own transportation; sending district does not provide transportation for 1/2 day students.*
 A complete application packet consists of the following, including **all** necessary attachments:

- Student Application Cover Sheet
 - Parental Registration Statement
 - Career Exploration Interview
 - Teacher/Team Recommendations (2)
- Guidance Assessment Form
- Special Education Form (if applicable)
 - Most Current IEP, ER, and/or RR
- 504 Plan
- ELL Testing Reports (if applicable)
- Current Report Card
- 8th Grade Report Card (for students currently in 9th grade only)
- High School Transcript
- PSSA Scores (grades 7 and 8)
- Keystone Exam Scores
- Attendance Records
- Discipline Records
- Immunization Record

Application will be considered **incomplete** if all supporting documentation is not submitted.

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 current school (print)

Guidance Counselor (print)

Principal of current school (signature)

Guidance Counselor (signature)



Guidance Counselor Assessment Form

Student Name: _____ Present Grade: _____
(Last) (First) (Middle)

Birthday Verification: _____ PA SECURE ID# [required]: _____

Attendance:

When determining the number of absences, please do not include suspensions, field trips, or approved educational trips.

Days Absent in Grade: 8: _____ 9: _____ 10: _____ 11: _____ (as of) _____
Today's Date

Discipline:

Number of days the student has been suspended:

Out-of-School in grade: 8: _____ 9: _____ 10: _____ 11: _____

In-School in grade: 8: _____ 9: _____ 10: _____ 11: _____

Has the student ever been in alternative education placement? Yes No

Academics:

Has the student ever been retained? Yes No

If Yes, what grade(s)? _____ School: _____

Please provide final grades for each high school year below. If the applicant has yet to finish a full year of high school, please include information from 8th grade.

Final Average for 2017-18 courses:

English _____ Social Studies _____ Science _____ Math _____

Final Average for 2018-19 courses:

English _____ Social Studies _____ Science _____ Math _____

Mid-Year Average for current 2019-20 high school courses (should be an average of 1st marking period and most current 2nd marking period):

English _____ Social Studies _____ Science _____ Math _____

Algebra Keystone Testing:	<input type="checkbox"/> Not yet taken	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced
Literature Keystone Testing:	<input type="checkbox"/> Not yet taken	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced
Biology Keystone Testing:	<input type="checkbox"/> Not yet taken	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced

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

Please note any medical concerns or allergies that may preclude student from participating in specific academics: [to be completed by nurse] _____



Summary of Special Education

(To be completed by IEP Case Manager)

Please include current IEP and most recent ER/RR with application.

Name _____ M / F School _____ Grade _____ Age _____

ER Date _____ IEP Date _____ RR Date _____ Date of Waiver _____

All IEP's due before October 15th will be completed by sending district prior to DCTS enrollment.

All RR's due before October 30th will be completed by sending district prior to DCTS enrollment.

Primary Disability _____ Secondary Disability _____

Educational Programming: (Circle) LS ES SP/L Autistic Support Life Skills DHH OHI BVI

Related Services: (Circle) Curb to Curb TSS PCA Assistive Technology Other _____

PSSA Scores: (Below Basic/Basic/Proficient/Advanced)

Reading _____ Math _____ Writing _____

Lexile/Decoding/Comprehension Score _____ FSIQ _____

Absences _____ Office Referrals" (please describe) _____

Tardies _____

Strengths:

Needs:

Classroom Behaviors: _____

Social:

Current Level of Service

(Please check level for each subject area)

SUBJECT	Regular Ed Instruction (only accommodations)	Co-Taught Instruction (reg ed teacher + special ed teacher or para)	Special Ed Instruction (special ed teacher only)
ENGLISH			
MATH			
SCIENCE			
HISTORY			

Case Manager (please print) _____

Telephone number/Ext. _____ Email _____