

Application Date:		Current District of Residence:		Current School of Attendance:	
<b>Student Information</b>					
Last Name:		First Name:		MI:	Suffix:
Date of Birth: (Month Day, Year)		Grade Level for 2024-2025	Age:	Preferred Gender:	
Student Email:		Student Cell phone (optional)			
Does the student have any siblings currently enrolled at the CTC who live in the same household? (Yes/No) If Yes, Name of student and program:					
Ethnicity: Check One: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino					
Race: Check All that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					
<b>Parent Information</b>					
Street Address:			City:	State:	Zip:
Mailing Address: (If different from above)			City:	State:	Zip:
Guardian Name:		Guardian Name:		Emergency Contact Name:	
Relationship to student:		Relationship to student:		Relationship to student:	
Cell phone:		Cell phone:		Cell phone:	
Home phone:		Home phone:724		Home phone:	
Work phone:		Work phone:		Work phone:	
Email:		Email:		Email:	
Lives in household: (Yes/No)		Lives in household: (Yes/No)		Lives in household: (Yes/No)	
<b>Program Selection</b>					
<b>Session Choice:</b> Please check one regardless of district <input type="checkbox"/> AM Session <input type="checkbox"/> PM Session					
<b>Program Choice:</b> Indicate your top three choices by placing a (1) on the course of your first choice, a (2) for your second choice, and a (3) for your third choice. <b>(DO NOT use X 's or check marks)</b>					
<input type="checkbox"/> Automotive Technology <input type="checkbox"/> Business Information Systems <input type="checkbox"/> Carpentry <input type="checkbox"/> Collision Repair Technology <input type="checkbox"/> Commercial Art & Design <input type="checkbox"/> Cosmetology		<input type="checkbox"/> Culinary Arts <input type="checkbox"/> Diversified Occupations <input type="checkbox"/> Electrical Occupations <input type="checkbox"/> Graphic Arts & Printing <input type="checkbox"/> Greenhouse& Landscaping <input type="checkbox"/> Health Occupations		<input type="checkbox"/> HVAC-R <input type="checkbox"/> Logistics & Materials Management <input type="checkbox"/> Machine tool technology <input type="checkbox"/> Masonry & Bricklaying <input type="checkbox"/> Veterinary Assistant <input type="checkbox"/> Welding	
Signature of student:		Signature of parent/guardian:		Date:	

HOME SCHOOL DISTRICT/BCCTC USE ONLY  
STUDENT PDE DATA SHEET  
PLEASE FILL OUT IN ITS ENTIRETY

PA SECURE ID \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

**Student Residency:**  Public  Non-Public  Resident  Non-Resident  Homeless

**Student is a Foster Student:**  Yes  No If Yes, Foster Guardian Resident District \_\_\_\_\_

**Student is Homeless:**  Yes  No

**Student is from a Military family:**  Yes  No

**Student is a Single Parent:**  Yes  No

**Student is Repeating Last Year:**  Yes  No

(Indicate whether the student is repeating the current grade level during the school year)

**Student is Economically Disadvantaged:**  Yes  No

**Student PARTICIPATES in Free or Reduced Lunch:**  Free  Reduced  Is eligible, but does not participate  Full Pay

**Student is a special education student:**  Yes - Has IEP  No - Does not have IEP

**Students Primary Challenge Type: (only choose one)**

- |                                                  |                                                        |                                                                |
|--------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Autistic/Autism         | <input type="checkbox"/> Orthopedic Impairment         | <input type="checkbox"/> Visual Impairment Including Blindness |
| <input type="checkbox"/> Deaf-Blindness          | <input type="checkbox"/> Specific Learning Disability  | <input type="checkbox"/> Other Health Impairment               |
| <input type="checkbox"/> Developmental Delay     | <input type="checkbox"/> Speech or Language Impairment | <input type="checkbox"/> Emotional Disturbance                 |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Traumatic Brain Injury        | <input type="checkbox"/> Hearing Impairment Including Deafness |

**Plan 504 Indicator:**  Yes  No (As per the guidelines under Section 504 of the Rehabilitation Act)

**Gifted and Talented:**  Yes  No

**LEP Participation:**  99-Never ELL  01-Current ELL  03-Exited ELL and in first year of monitoring  
 04-Exited ELL and in second year of monitoring  05-Former ELL and no longer monitored