Student’s Name:

2018 – 2019
High School Application Form



Chisholm Trail Technology Center
283 State Highway 33
Omega, Oklahoma 73764

405.729.8324 or 800.608.8324

fax: 405.729.8335

| Chisholm Trail Technology center2018 – 2019 High School Enrollment form |
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| Applicant Information |
| Student’s Full Name: |
| Date of Birth: | SSN: | Gender: Male Female |
| Current address: |
| City: | State: | ZIP Code: |
| Phone Number:  | Email: |
| Name of Sending School:  | Grade for 2018-2019: |
| Career Tech Class Level: 1st year 2nd year 3rd year | Session Preference: AM PM Willing to attend either session? Yes or No |
| Emergency and Follow-up Contact Information |
| Primary Parent/Guardian Name: |
| Address: | Relationship to student: |
| City: | State: | ZIP Code: |
| Cell #: | Home #: | Work #:  |
| Email:  |
| Secondary Emergency Contact Name: |
| Address: | Relationship to student: |
| City: | State: | Zip Code: |
| Cell #: | Home #: | Work #: |
| Email:  |
| We may use some, or all, of the following ways to contact you in an emergency and occasionally for events. Please mark the ways you would like to be contacted. Standard text message rates may apply based on your cell phone plan.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Student | Primary Contact | Secondary Contact |
| Text |  |  |  |
| Cell Phone |  |  |  |
| Home Phone |  |  |  |
| Email |  |  |  |

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| non-discrimination policyChisholm Trail Technology Center does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. Inquiries concerning this policy may be directed to Ronda Simpson, Principal; Judy Schaffler, Business Manager; or Paul Hursh, BIS Director. Chisholm Trail Technology Center, 283 State Hwy 33, Omega, OK 73764. Telephone: (405) 729-8324. |
| Additional Information |
| Please check below indicating that permission is granted to Chisholm Trail Technology Center: Yes No To transfer and/or release student’s confidential information contained in any/all portions of the student’s records to educational institutions, present or prospective employers, social service agencies, mental health professionals, or sponsoring agencies deemed appropriate. I understand this authorization will continue until revoked in writing and delivered to the CTTC Counselor.  Yes No To use this student’s name, photograph, voice or video image on promotional/instructional/educational materials and websites, school presentations, interactive television, and publication of honors and awards. All claims for compensation for such use are waived. |
| TRANSPORTATION TO AND FROM CTTC |
| Please check all that apply: My student: will ride the CTTC bus/van will provide his/her own transportation may ride with a friend |
| Career Major |
| **Please mark your 1st and 2nd choice of interest.** |
|  Automotive Services Technician |  Cosmetologist/Public |  Full-Charge Bookkeeper |
|  |  Esthetician |  Administrative Assistant |
|  Cabinetmaker (AM only) |  Nail Technician |  Medical Office Assistant |
|  |  |  Digital Information  Specialist |
|  Computer Network Technician |  Basic Medical Assistant  (Back Office) |  Graphic Design Specialist |
|  Network Security Professional |  Nursing Assistant |  Desktop Publisher |
|  |  |  Desktop Publishing/Graphic  Design  |
|  PLTW Pre-Engineering |  Welding |  |
| Math, science and computer options |
| Students requesting a math, science, or computer class will be eligible for two units of program credit and one unit of math, science, or computer credit per year of enrollment. Note: Cosmetology students cannot enroll in a math, science, or computer course because of rules and regulations from Oklahoma State Board of Cosmetology.  |
| MATH |
|  Trigonometry/Pre-Calculus AP Calculus AB  |  Algebra II Geometry  |
| science  | computer |
|  Anatomy and Physiology |  Fundamentals of Administrative Technologies Administrative Technologies II |
| Signature of Parent(s)/Guardian(s): |
| Student: I have read and understand this enrollment packet and will comply with all CTTC rules and policies.Signature of Student/Applicant: |

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| **HIGH SCHOOL COUNSELOR: (*To be completed by the high school counselor only*.)**Student Name: State Testing #Career Major (From Inside Application):Session (Circle One): AM PM Able to enroll in either: YES or NO1. Attendance: Check the average number of absences this student has during a semester.

 0-2 abs./sem. 3-4 abs./sem. 5-6 abs./sem. 7-8 abs./sem. 9-10 abs./sem. 11+ abs./sem.1. Student’s current cumulative GPA: on a 4.0 non-weighted scale.
2. Number of cumulative high school credits:
3. Number of semesters completed:

**The following must be attached to this Application for Admission** (two official copies of the transcript should be sent at the end of the semester if accepted):1. An Official High School Transcript
2. 4 or 6 year career plan of study (if applicable)

Will this student need accommodations or modifications in order to successfully participate in the assessment process or to perform the essential functions of the career tech career major chosen? YES NOIf YES, an IEP/Section 504 must be on file at CTTC prior to the first day of class. Please describe accommodations or modifications needed and attach appropriate information.SENDING SCHOOL COUNSELOR: My signature indicates that I am aware that this student wishes to attend Chisholm Trail Technology Center. I approve of this student’s enrollment in the career major chosen in this Student Data Form. I will assist Chisholm Trail Technology Center staff in the enrollment process.  Sending Partner School Counselor: Date:  |
| **FOR OFFICE USE ONLY**  |
| Date Application Received: Start Date: Student Status: Regular Probationary ProvisionalCTTC Class Level: 1st year 2nd year 3rd year CTTC Counselor Verification: |
| CTTC Staff: Please initial and date any information entered below.  |
| **Delayed Start -** Start Date: Total Hours Enrolled: |
| **Advanced Standing Credit**  - # of Original Career Major Hours: # of Advanced Standing Hours Awarded:  |
| Total # of Hours to Complete Career Major:  |
| Origin of Advanced Standing Hours: |
| **Dropped Prior to Year End** - Drop Date: Reason for Dropping:  |
| **Homebound (Leave of Absence) -** Homebound Start Date:  |
| Anticipated Return Date: Return Date:  |
| Reason for Homebound: |
| **Competencies/Completion** - Competencies Earned: |
|  |
| Completion of Competencies Date: |
| Career Major Completed: Completion Date: |
| **Notes/Additional Comments** -  |
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