



APPLY ONLINE AT WWW.DELCOTECH.ORG ADMISSION APPLICATION



PLEASE PRINT CLEARLY AND SUBMIT APPLICATION TO:

ADMISSIONS, DELAWARE COUNTY TECHNICAL SCHOOLS • 100 CROZERVILLE AVE. • ASTON, PA 19014

PHONE: 610-459-3050 X210

PA Secure ID#
(provided by district counselor)

STUDENT INFORMATION (PLEASE PRINT)

Social Security Number: _____ - _____ - _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Birthdate: ____ / ____ / ____ Male Female Are you a US Citizen? Yes No

Student's Birthplace: _____
Country, City and State

Student resides with: Parent Guardian Other:

Current School: _____ Current Grade: _____

Current School District: _____

PLEASE IDENTIFY YOUR SPECIAL NEEDS AND/OR NATIONAL ORIGIN (CHECK ONE):

Please note that we ask you to voluntarily complete this question. This information is not used in determining your admission to DCTS and you are not penalized for failure to provide the data.

- White (Non-Hispanic) Hispanic American Indian/Alaskan Native
- African American Asian Native Hawaiian/Pacific Islander

STUDENT ESSAY

Must be written by the student in ink on a separate sheet. The essay will answer the questions "Why did you apply to DCTS and what is your goal upon completion?" Essays must be between 100 and 200 words and are to be attached to the completed application.

I AM INTERESTED INT THE FOLLOWING CAREER PROGAMS:

First choice: _____

Second choice: _____

Third choice: _____

HOW DID YOU HEAR ABOUT US?

Check any that apply:

- Received brochure in mail
- Received CD in mail
- Website
- SEPTA Bus Ad
- Movie Theater Ad
- Attended School Assembly
- Attended TechFest/Open House events
- Referred by friend/family
- Referred by Guidance Counselor
- Referred by Student Support
- Television Commercial
- Newspaper Ad

EQUAL RIGHTS AND OPPORTUNITIES POLICY

The Delaware County Intermediate Unit and the Delaware County Technical Schools are equal opportunity education institutions and will not discriminate on the basis of race, color, religion, national origin, age, sex, equal pay, disability or genetic information in their activities, programs or employment practices as required by Title VI, VII, IX, Section 504, the Americans with Disabilities Act, and the Genetic Information Nondiscrimination Act of 2008. For information regarding civil rights or grievance procedures, contact the Director of Human Resources or the Section 504 Coordinator at 200 Yale Avenue, Morton, PA 19070, 610-938-9000. For information regarding services, activities and facilities that are accessible to and useable by handicapped persons, contact the Director of Facilities at 610-938-9000.

PARENT INFORMATION (PLEASE PRINT)

Primary Contact: _____ Daytime Phone: _____

Email: _____

Secondary Contact: _____ Daytime Phone: _____

Email: _____

PARENT/GUARDIAN CONTRACT

I, the parent/guardian of _____, do hereby understand the following:

1. In order to attend the Delaware County Technical High Schools, a student must have successfully completed the 8th grade. Students must be 14 years old to enroll in the exploratory program and 15 years old to register in a DCTS career program.
2. Bus Transportation is provided by local school districts at no charge. Transportation arrangements must be made through the school district. Students who drive to DCTS must register for a permit at DCTS on the first day of school.
3. Photographs and/or videotapes of my child may be used for publicity or recruitment purposes. If you do not give your permission, please sign here.

4. I understand that while enrolled in DCTS my child will use a variety of technology resources, including the Internet, as part of his/her total educational experience.
5. I hereby give permission to release all school records to DCTS.
6. I agree to encourage effort, punctuality and attendance. I also agree to provide lab clothing as required, and I understand that such items are the personal property of the student, who must be responsible for their safekeeping.

Parent/Guardian Signature

Date

Student Signature

Date

TO BE COMPLETED BY DISTRICT COUNSELORS

Advanced Academic Courses

Please check the course this student has passed thus far during secondary school (grades 7-12).

LANGUAGE ARTS

- AP English
- College Prep English
- Foreign Language
_____ 1 _____ 2
- Other _____

MATH

- Algebra _____ I _____ II
- Geometry
- Trigonometry
- Pre-Calculus
- Calculus
- AP Calculus
- Other _____

SCIENCE

- Chemistry
- Biology
- Physics
- AP Physics
- AP Biology
- Environmental Science
- Other _____

As this student's district Counselor I have attached the following:

- Application completed
- Attendance record for current school year attached
- Transcripts attached
- Copy of current report card attached
- Student essay attached
- 8th Grade PSSA Scores
- 11th Grade PSSA Scores
- IEP/RR (if applicable) - Please note a DCTS student support representative must participate at an IEP meeting prior to application

All of the above items must be completed for applications to be processed.

District Counselor Name (Print) _____ Phone: _____

Email _____ Signature _____ Date _____