



JEFF TECH

576 Vo Tech Road Reynoldsville, PA 15851
www.jefftech.edu 814-653-8265

JEFF TECH use only

Entry Date _____
Shop _____

Application Date: _____

NOTE: Please Print Legibly

STUDENT APPLICATION

LEGAL NAME _____

ADDRESS _____
MAILING ADDRESS -- STREET, PO BOX, ETC. (Primary Address)

TOWN STATE ZIP PHONE NUMBER

Grade Enrolling Into At Jeff Tech _____

School District (check one)

Birth Date _____ Place of Birth: City: _____

Brockway

Male _____ Female _____

State: _____ Zip: _____

Brookville

County Residing In:

DuBois

Check If Enrolled At Jeff Tech Previously _____

Punxsutawney

Previous School: _____

PLEASE WRITE "1" IN THE SPACE NEXT TO THE NAME BELOW TO INDICATE YOUR FIRST SHOP CHOICE:
If you would like to attend another shop in the event your choice has no openings, please put a "2" beside the second shop of your choice.

- | | | |
|--|--|---|
| _____ Advanced Manufacturing | _____ Business Technology | _____ Electrical Construction |
| _____ Automotive Collision Repair Technology | _____ Cosmetology | _____ Engineering Technologies |
| _____ Automotive Technology | _____ Culinary Arts | _____ Health Assisting |
| _____ Building Trades | _____ Diesel Mechanics and Heavy Equipment | _____ Heating, Ventilation, Air Conditioning/ Refrigeration |
| | _____ Digital Media Arts | _____ Welding/Metal Fabrication Technology |

LEGAL FEMALE GUARDIAN (Person who has legal custody)

(Circle One) Mother Stepmother Grandmother Foster Mother Sister Aunt

PRIMARY CONTACT: YES NO IS THE STUDENT LIVING WITH YOU? YES NO

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
MAILING ADDRESS CITY STATE ZIP

ADDRESS _____
PHYSICAL ADDRESS

PRIORITY: _____ CELL PHONE (_____) _____

PRIORITY: _____ HOME PHONE (_____) _____

PRIORITY: _____ EMPLOYER'S PHONE (_____) _____

(Enter a number 1 - 3)

EMPLOYER'S NAME _____

PARENT/GUARDIAN EMAIL ADDRESS _____

LEGAL MALE GUARDIAN (Person who has legal custody)

(Circle One) Father Stepfather Grandfather Foster Father Brother Uncle

PRIMARY CONTACT: YES NO IS THE STUDENT LIVING WITH YOU? YES NO

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

MAILING ADDRESS

CITY

STATE

ZIP

ADDRESS _____

PHYSICAL ADDRESS

PRIORITY: _____ CELL PHONE (_____) _____

PRIORITY: _____ HOME PHONE (_____) _____

PRIORITY: _____ EMPLOYER'S PHONE (_____) _____

(Enter a number 1 - 3)

EMPLOYER'S NAME _____

PARENT/GUARDIAN EMAIL ADDRESS _____

PLEASE LIST ANY CUSTODY LIMITATIONS _____

(Attach legal documentation indicating such limitations)

WHO DOES STUDENT RESIDE WITH PRIMARILY: _____

DEMOGRAPHIC INFORMATION *(Please be sure to answer both questions)*

<ul style="list-style-type: none"> • Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No • Please enter a valid race or ethnicity code: _____ 	<p>Valid Code Values: Select one and enter in the provided field to the left.</p> <p>1-American India/Alaskan Native 3-Black or African American 4-Hispanic (any race) 5-White 6-Multi-Racial 9-Asian 10-Native Hawaiian or other Pacific Islander</p>
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Does the student have a "military parent" who is serving full time in the United States Army, Navy, Air Force, Marines or Coast Guard or a deployed member of the National Guard or Reserves of one of the five listed branches? *The parent is considered a "military parent" of a student if they are the parent, step parent or legal guardian with full or partial physical custody and with whom the child resides when they are not deployed.

_____ NO
 _____ YES

Military Branch: _____

Date Active Duty Began: _____

EMERGENCY INFORMATION

NAME OF EMERGENCY CONTACT PERSON _____
(other than legal guardian)
RELATIONSHIP _____
ADDRESS _____
TOWN STATE ZIP ()
AREA CODE PHONE NUMBER

IS THE EMERGENCY PERSON PERMITTED TO TRANSPORT STUDENT? YES NO

NAME OF EMERGENCY CONTACT PERSON _____
(other than legal guardian)
RELATIONSHIP _____
ADDRESS _____
TOWN STATE ZIP ()
AREA CODE PHONE NUMBER

IS THE EMERGENCY PERSON PERMITTED TO TRANSPORT STUDENT? YES NO

DOCTOR'S NAME _____
ADDRESS _____
TOWN STATE ZIP ()
AREA CODE PHONE NUMBER

Note: Students coming directly from a cyber school or outside placement must complete one semester of brick and mortar at their home school prior to any application and consideration for admission. During that semester, they must maintain satisfactory attendance, behavior, and passing grades. Only after meeting these requirements may they apply.

NOTE:

A student, after applying and being accepted at Jeff Tech, must provide written notification signed by parents or guardians, to the high school by August 1, that he/she has changed the decision to attend Jeff Tech. Failure to follow this procedure may result in the student being required to attend Jeff Tech until the end of the first semester (2nd nine-week period) before withdrawal is accepted. A waiver may be granted in extenuating circumstances as determined by the administration. Jeff Tech acceptance is contingent upon satisfactory completion of 8th grade and submission of a complete application.

The information given above represents my request for admittance to Jeff Tech. I understand all effort will be made to consider me. I will be counseled further if necessary. *By signing this application, I acknowledge the responsibility to make myself aware of and agree to abide by the rules and regulations of Jeff Tech* which, by nature of its training, emphasizes safety to equipment and personnel.

APPLICANT'S SIGNATURE

DATE

PARENT'S APPROVAL SIGNATURE

THE SCHOOL OF CHOICE

Jeff Tech is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, or handicap in its activities, programs, or employment practices. For information regarding civil rights or grievance procedures, contact our Title IX Coordinator at 814-653-8265 ext. 187 or twgrierson@jefftech.edu. Additional information can be found at the Title IX page of the Jeff Tech website at www.JeffTech.edu.