

## **CTC Application Guidelines**

1. Complete the enclosed application and return to the HS Counseling Office by January 7, 2010.
2. If you select option #2 under 'Accident Insurance Commitment' also complete the Accident Insurance Waiver form and return with your application.
3. Make sure you write an essay on a separate piece of paper and return it with your application.
4. Make sure the application is signed by both parent and student.
5. The Application Essay Response Rubric is how your essay will be scored.
6. The evaluation form is how CTC personnel will rate you and determine whether you will be accepted to CTC.
7. The open house dates can be attended by anyone.

### **Open House Dates**

Brownstown	12/08/09	6:00-8:00pm
Mount Joy	12/09/09	6:00-8:00pm
Willow Street	12/10/09	6:00-8:00pm

Questions --- See your School Counselor

Return to the counseling office by 11/11/10.



2010-2011  
STUDENT APPLICATION

A. Student Data

(To be completed by student – Please print legibly)

For Office Use Only				
1	2	3	4	5

Please return to your High School Guidance Office by \_\_\_\_\_

Social Security Number \_\_\_\_\_ Current Grade \_\_\_\_\_

Name \_\_\_\_\_  
First \_\_\_\_\_ Middle Name \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street or Route Number \_\_\_\_\_ Telephone (      ) \_\_\_\_\_  
Area Code \_\_\_\_\_

City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_ District of Residence \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

I have listed the program I wish to take at the LCCTC to prepare me for the career area I wish to pursue following this study. I understand that there might be maximum enrollment in my first program choice, and have provided an alternate program choice.

First Choice \_\_\_\_\_ Alternate Choice \_\_\_\_\_

**ESSAY:** I have selected the listed program/s for the following reasons: (Explain in essay form, limit response to one page, attached to this application.) Please request the scoring guide for the application from your school counselor.

*As a condition to participate in one of the educational programs at the Lancaster County Career & Technology Center, the student is required to either have accident insurance (provided through the sending school or other policy) or be willing to sign an Accident Insurance Waiver.*

THE FOLLOWING SECTION, SECTION B, MUST BE COMPLETED FOR THE LCCTC TO PROCESS THIS APPLICATION:

B. Accident Insurance Commitment

Accidental Health Insurance is strongly recommended for every student enrolled in an educational program at Lancaster County Career & Technology Center. Accordingly, every student is required to have accidental insurance or be willing to sign an Accidental Health Insurance Waiver.

THIS COMMITMENT is made between the Lancaster County Career & Technology Center (here after referred to as "Lancaster County CTC") and the undersigned Student and, if the Student is under the age of 18, his or her legal guardian.

As a condition of the student's enrollment at the Lancaster County CTC, the Student (and his or her undersigned legal guardian, if the student is under the age of 18) hereby:

Check the appropriate line(s):

1. Certify ( or certifies ) that the student shall be insured under an accidental health insurance policy for the entire school year 20\_\_\_\_-20\_\_\_\_, which policy of insurance is:  
 a. purchased through a sending school program or  
 b. acquired through other means; such as parent's/guardian's insurance through work, medical card, Acess card, or CHIP.
2. Expressly decline(s) coverage under any policy of accidental health insurance and hereby agree(s) to sign an Accidental Health Insurance Waiver.

C. Student Consent

I am aware that copies of my school records from grade 9 to the present will be forwarded to the Career & Technology Center by the high school counselor. These school records will include attendance, course grades, standardized achievement test scores and aptitude test scores.

Signature of Student

Date

D. Parental Consent

I, as parent of the student who has completed Section A, give permission for my son/daughter to apply for admission into the Lancaster County Career & Technology Center course checked in the student data section. Furthermore, I am also aware that copies of the school records for my son / daughter will be forwarded to the LCCTC by the sending school counselor.

Signature of Parent or Legal Guardian

Date

Signature of Counselor

Date

Statement of Nondiscrimination - Lancaster County Career & Technology Center is an equal opportunity education institution and will not discriminate in employment, education programs, or activities on the basis of race, color, religion, ancestry, national origin, sex, sexual orientation, age or disability. This policy of nondiscrimination extends to all other legally protected classifications under state and federal laws.

For information regarding the Americans with Disabilities Act (ADA), the rights of an individual with a disability, our obligations under ADA, or grievance procedures, contact the Business Manager and ADA Coordinator, 1730 Hans Herr Drive, PO Box 527, Willow Street, PA 17584-0527. Telephone: 717-464-7050.

For inquiries regarding other nondiscriminatory policies and programs, or for information regarding services, activities, programs and facilities that are accessible to and usable by both disabled persons and national origin minority persons who lack English language skills, contact the Supervisor of Pupil Services and Coordinator for Title VI, Title IX and Section 504. Snyder & Metzler Roads, PO Box 519, Brownstown, PA 17508. Telephone: 717-859-5108.

## *APPLICATION ESSAY RESPONSE RUBRIC*

Objectives	0 points	1 point	2 points	3 points	4 points	Earned Points
Organization: The writer answers the question completely.	The response has no relationship to the question.	The response includes 1 related sentence.	The response includes 2 related sentences.	The response includes 3 related sentences.	The response includes 4 or more related sentences.	
Content: The writer gives supporting evidence/details from personal experience.	The response does not give supporting evidence.	The response includes some interest or aptitude.	The response includes a high level of interest or aptitude, or some interest and aptitude.	The response includes a high level of interest and a high level of aptitude.	The response includes personal preferences and experiences, aptitudes and interests.	
Background: Expresses past experience used to make decision.	The response does not allude to past experience used to make decision.	The response includes review through tours or interviews.	The response includes review through tours and interviews.	The response includes review through tours, counselors, and employees in the field.	The response includes review through tours, counselors, and employees in the field, as well as internalizing the information for decision making.	
Present: Current activities relate to selection.	There is no indication of any course work or activities related to selection.	The student is enrolled in courses or has participated in activities related to selection.	The student is enrolled in courses and has participated in multiple activities related to selection.	The student is enrolled in courses and has participated in multiple activities related to selection.	The student has enrolled in all courses recommended for the program, and has participated in related activities.	
Future: Projects future goals in relation to selection.	There is no mention of future goals.	The response indicates a career or additional education/military in an unrelated or unspecified area.	The response indicates planned career/education/military that is enhanced through program skills.	The response indicates planned career or additional education/military in the field.		Score:

2010-2011  
LANCASTER COUNTY CTC EVALUATION OF APPLICATIONS

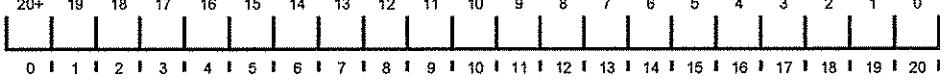
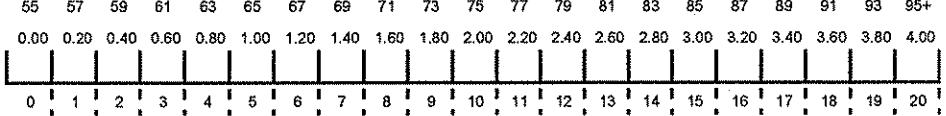
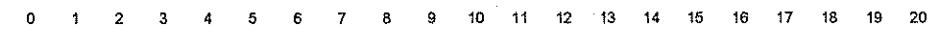
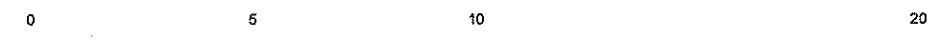
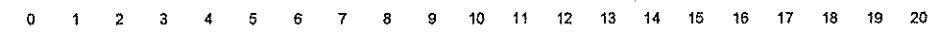
Date of Application \_\_\_\_\_  
(If later than 1/29/10, do not evaluate)

Program \_\_\_\_\_

Name \_\_\_\_\_

2nd Choice \_\_\_\_\_

School \_\_\_\_\_

CRITERIA	SCALE	POINTS
Attendance	 <p>20+ 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</p>	Days Absent _____ Score (20) _____
Grade Point Average	 <p>55 57 59 61 63 65 67 69 71 73 75 77 79 81 83 85 87 89 91 93 95+ 0.00 0.20 0.40 0.60 0.80 1.00 1.20 1.40 1.60 1.80 2.00 2.20 2.40 2.60 2.80 3.00 3.20 3.40 3.60 3.80 4.00 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</p>	GPA _____ Score (20) _____
Essay Rubric	 <p>0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</p>	Score (20) _____
Recommended Courses	 <p>0 5 10</p>	Score (20) _____
Interview (Optional)	 <p>0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</p>	Score (20) _____
Received a recommendation from related cluster participation (+10)		Points (10) _____
		TOTAL SCORE _____

## **EVENING OPEN HOUSE DATES**

2009 for 2010-11

6:00 to 8:00 p.m.

December 8, 2009 Brownstown

December 9, 2009 Mount Joy

December 10, 2009 Willow Street

Geared toward 10<sup>th</sup> and 11<sup>th</sup> graders making choices for the 2010-2011 school year.

# LANCASTER COUNTY CAREER AND TECHNOLOGY CENTER

## 2010 - 2011

### FULL DAY PROGRAM OFFERINGS

#### BROWNSTOWN

##### Consumer Services:

Cosmetology 12.0401  
Floral Design, Greenhouse Mgmt 01.0601

##### Career Centers:

###### Construction Center

Architectural CAD - Design 15.1303  
Cabinet Making & Millwork 48.0703  
Commercial Construction/Mgmt: 46.0201  
Electrical Construction Tech. 46.0399  
HVAC/R 47.0201  
Masonry 46.0101  
Painting, Ceramic Tile & Vinyl 46.0408  
Plumbing 46.0502  
Residential Carpentry 46.0201

###### Visual Communication Center

Commercial Art 50.0402  
Digital Design/Print Media 10.0399  
Photography & Digital Imaging 50.0406

#### MOUNT JOY

##### Consumer Services:

Cosmetology 12.0401  
Early Childhood Education 19.0708

##### Career Centers:

###### Culinary Center

Baking and Pastry Arts 12.0501  
Culinary Arts/Chef 12.0508  
Event Planning & Tourism Mgmt. 52.1905

###### Information Technology Center

Computer Systems Technology 15.1202  
Web Design 11.0801

###### Manufacturing Center

Mechatronics Engineering Tech. 47.0303  
Sheet Metal Technology 48.0506  
Welding Technology 48.0508

##### OFF CAMPUS:

Emergency Medical Services 43.9999  
Fire Protection 99.9999  
Law Enforcement & Security 43.0107

#### WILLOW STREET

##### Consumer Services:

Cosmetology 12.0401

##### Career Centers:

###### Health Center

Clinical Care Assistant 51.0899  
Dental Assistant 51.0601  
Large Animal Science 51.0808  
Medical Administrative Assist. 51.0707  
Medical Assistant 51.0801  
Nursing Asst/Home Health Aide 51.0899  
Veterinary Assistant 51.0808

###### Transportation Center

Automotive Mechanics 47.0604  
Automotive Technology 47.0604  
Collision Repair 47.0603  
Diesel Equipment Technology 47.0605  
Hvy Equip Oper & Basic Maint. 49.0202  
RV & Outdoor Power Equipment 47.0699

\*Indicates New Program

### SPECIAL PROGRAM OFFERINGS FOR SENIORS ALSO AVAILABLE FOR UNDERCLASSMEN (Underlined)

#### Applied Tech Center

Intro to Health Careers (2-1/2 hrs) 51.0899

#### Applied Tech Center

Intro. to Health Careers (2-1/2 hrs) 51.0899

#### Applied Tech Center

Intro. to Health Careers (2-1/2 hrs) 51.0899

### HALF DAY PROGRAM OFFERINGS

#### Cluster Programs:

Construction Cluster  
Culinary Cluster  
Health Care Cluster  
Manufacturing Cluster  
Transportation Cluster  
Visual Communications Cluster

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Construction Cluster  
Culinary Cluster  
Health Care Cluster  
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Transportation Cluster  
Visual Communications Cluster

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Construction Cluster  
Culinary Cluster  
Health Care Cluster  
Manufacturing Cluster  
Transportation Cluster  
Visual Communications Cluster

Construction Cluster - carpentry (46.0201), electrical, landscape, masonry, painting, plumbing

Culinary Cluster - baking, entrees, restaurant practice (12.0508)

Health Care Cluster - nurse aid training, medical office procedures (51.0899)

Manufacturing Cluster - mechatronics engineering technology (47.0303), sheet metal, welding

Transportation Cluster - auto mech (47.0604), diesel, small engine

Visual Communications Cluster - commercial art (50.0402), digital design/print media (10.0399), photography

# LANCASTER COUNTY CAREER AND TECHNOLOGY CENTER

## ACCIDENT INSURANCE WAIVER RELEASE OF LIABILITY

THIS WAIVER is made between LANCASTER COUNTY CAREER AND TECHNOLOGY CENTER, and the undersigned Student and, if the Student is under the age of 18, his or her undersigned legal guardian.

Background. The Student will be participating in an educational program sponsored by the School. The School has strongly recommended that the Student have accidental health insurance, either purchased through a home school or through other means. The Student does not have such insurance in force; however, the Student (and legal guardian if applicable) have requested that the Student nevertheless be permitted to participate in the program. Although safety precautions are addressed at the School, the very nature of programs conducted by the School makes the possibility of an accident and injury to Student greater than in the typical classroom. For this reason, the School is requiring signature of this document as a condition to participation in the program.

### W I T N E S S E T H :

Intending to be legally bound, I hereby:

1. Acknowledge that there is an inherent risk of injury to Student in the program operated by the School, and that the School has recommended purchase of a health or accident insurance policy covering Student.

2. Acknowledge that I have declined to purchase such an insurance policy and nevertheless wish Student enrolled in the program.

3. Agree that I, as the Student or legal guardian of the Student, am assuming the risk of any injury which may result from the Student's participation in the program, or travel to and from facilities used in the program, regardless of the cause or causes of such injury.

4. Release the School, and also the home school district specified below, and their officers, directors, employees and agents (The "Released Parties") from any and all liability for any damages, injury or expense which may result from the Student's participation in the program. I understand that in signing this release I am releasing any and all claims, including claims for medical expenses or deductibles on a family or individual insurance policy.

5. REPRESENT TO THE SCHOOL THAT I HAVE READ THIS FORM, I UNDERSTAND IT, I AM SIGNING IT WILLINGLY, AND I INTEND THIS RELEASE TO BE LEGALLY BINDING ON ME, MY HEIRS AND ASSIGNS.

Date: \_\_\_\_\_

(Signature of Student)

\_\_\_\_\_  
(Print Student Name)

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Print Home School District)

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)