

# RRWCTC Secondary Student Program Application

NAME: \_\_\_\_\_ HOME SCHOOL: \_\_\_\_\_ WVEIS ID: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ K12 EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

HOW MANY ABSENCES DID YOU HAVE LAST SEMESTER? \_\_\_\_\_

CREDITS ATTEMPTED: \_\_\_\_\_ CREDITS EARNED: \_\_\_\_\_ MISSING CREDITS: \_\_\_\_\_

In which CTE Program do you wish in to enroll? If applying for more than one program, please indicate your 1<sup>st</sup>., 2<sup>nd</sup>., and 3<sup>rd</sup>. choice pending availability of seats.

- |   |   |
|---|---|
| ____ Automotive Technology                          | ____ Industrial Equipment Maintenance   |
| ____ Carpentry                                      | ____ Machine Tool Technology            |
| ____ Collision Repair Technology                    | ____ Therapeutic Services               |
| ____ Culinary Arts –Pro Start Restaurant Management | ____ Welding                            |
| ____ Electrical Technician                          | ____ Computer Systems Repair Technology |
| ____ HVAC Technician                                |   |

Please indicate in which CTE program you are currently enrolled, if any. If applicable, please provide a reason for a program change request. \_\_\_\_\_

## APPLICATION PROCEDURE

- \*Attach completed/signed RRWCTC Program Application and return to school counselor
- \*Attach completed/signed Drug Testing Consent Forms.
- \*Attach completed/signed Simulated Workplace Initiative agreement.
- \*Attach completed/signed RRWCTC Participation Agreement
- \*Attach current transcript including attendance information

## COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE PROGRAM ACCEPTANCE

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Program assignment acceptance: \_\_\_\_\_

Program denial reason: \_\_\_\_\_

# RRWCTC PARTICIPATION AGREEMENT

*Please read the following before signing:*

1. I declare the information contained in this application is to the best of my knowledge complete and accurate.
2. I understand that for eligibility I cannot be more than 2 credits behind and must be on course to graduate.
3. I agree to abide by the rules and regulations of RRWCTC.
4. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and this application is subject to the availability of seats. I understand and agree that RRWCTC reserves the right to modify or cancel any program or course without notice or prejudice.
5. I agree to participate in random drug testing.
6. I agree to fully participate in the RRWCTC Simulated Workplace Initiative.
7. I agree to abide by all safety regulations for the program of interest. Piercings may need to be removed and tattoos may need to be covered.
8. I understand that my resume and portfolio is a requirement for course and program completion.
9. I understand that full participation in RRWCTC assessments such as NOCTI, OHS 10, and any other required school/program assessments is a requirement for course and program completion.
10. I agree to participate and comply with all requirements leading towards the Governor's Workforce Certificate.
11. I agree to participate and comply with all requirements and activities in the SKILLS USA program/competition.

**Signature below indicate that both the student and parent/guardian understand the requirements of participating in a CTE program and agree to comply.**

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Applicant's Signature/Date

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Parent/Guardian Signature/Date

## NON-DISCRIMINATION POLICY

Ralph R. Willis Career and Technical Center is an Equal Opportunity/Affirmative Action Institution. Ralph R. Willis Career and Technical Center does not discriminate on the basis of race, sex, age, disability, veteran status, religion, sexual orientation, color, national origin, or limited English proficiency in its programs or activities. It complies with the requirements of Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973.

Inquiries regarding Title IX may be made to Elizabeth Thompson: Personnel Director at 506 Holly Ave., P.O. Box 477, Logan, WV 25601, (304) 792-2058, email: ethompso@k12.wv.us.

Inquiries regarding Section 504 may be made to Jill Barker Special Education Director at 506 Holly Avenue, P.O. Box 477, Logan, WV 25601, Dehue office (304) 752-1341 or (304) 792-2056, email: jillbarker@k12.wv.us.