



Bristol Technical Education Center

Connecticut Technical Education & Career System
431 Minor Street, Bristol, CT, 06010
860-584-8433 / fax: 860-584-0795
bristol.cttech.org



High School Application for BTEC 2020-2021

Application Requirements & Procedure:

Student Applicant & Parent Responsibility:

- Complete application. Student and parent / guardian signatures are required.
- Return completed application to your School Counselor.
- **Attend a Mandatory Shadow Day /Interview.** All applicants must shadow in their first choice technology program and be interviewed. You should communicate and collaborate with your School Counselor to schedule your shadow day and interview. *Only students who have submitted a **complete** application are eligible for shadowing.*
To make an appointment to shadow please contact Mrs. Holman, School Counselor at (860) 584-8433 ext. 335.
(Ask your counselor for a copy of the BTEC Shadowing/Interview Information Sheet.)

School Counselor Responsibility:

- Include applicable transcripts and current marking period grades.
- Include discipline record.
- Include attendance clearly marking EXCUSED and UNEXCUSED days.
- Submit completed application materials via email or post mail to, Domenica.Holman@ct.gov

Or

Bristol Technical Education Center
431 Minor Street
Bristol, CT 06010
ATTN: Guidance Office

Personal Information

(This section is to be completed by student/guardian)

Full Name: _____
(Last) (First) (Middle)

Gender: Male Female

Applicant's Birth Date: _____ **Place of Birth:** _____
(Month/Day/Year) (City/State)

Is the student Home Schooled? Yes No

Current School Attending: _____ **Sending School Counselor:** _____

Current Grade Level: _____ **Grade Applying for:** 11 12

Technology Area: 1st Choice: _____ **2nd Choice:** _____

Choices Include:

- Automotive Technology
- Culinary Arts
- Mechatronics Technology
- HVAC/R
- Precision Machine Technology
- Welding & Metal Fabrication

General Information

This application requests general information about your national origin, gender, racial or ethnic group, and primary language spoken in the home. Providing this information is voluntary. The information provided will be used for record-keeping purposes only; it will not be used as a factor in any action concerning education, activities or employment.

Racial or Ethnic Group:

Is the applicant Hispanic/Latino? Yes No

Is the applicant from one or more races (choose all that apply)

American Indian or Alaskan Native Native Hawaiian or Pacific Islander
Asian White
Black or African American

Residence Address: _____
(Box, Apartment, Street Name and Number)

(City or Town)

(State)

(Zip Code)

Mailing Address:

(If different from residence address) (Box, Apartment, Street Name and Number)

(City or Town)

(State)

(Zip Code)

Home Phone: _____ **Cell Phone:** _____

Who do you live with?

- | | |
|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Father and Stepmother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Mother and Stepfather | <input type="checkbox"/> Legal Guardian |
| | <input type="checkbox"/> Other (Please specify below) |

(Last Name)

(First Name)

(Relationship to the Applicant)

Father/Guardian's Name: _____

(Last)

(First)

(Middle)

Father/Guardian's Address (if different):

(Number and Street)

(City or Town)

(State)

(Zip Code)

Father/Guardian's Employer: _____ **Phone:** _____

Mother/Guardian's Name: _____

(Last)

(First)

(Middle)

Mother/Guardian's Address (if different): _____

(Number and Street)

(City or Town)

(State)

(Zip Code)

Mother/Guardian's Employer: _____ **Phone:** _____

Parent's E-mail Address and Name: _____

Emergency Contact (1)

(Last Name)

(First Name)

(Relationship to the Applicant)

(Phone)

Emergency Contact (2)

(Last Name)

(First Name)

(Relationship to the Applicant)

(Phone)

Applicant's Primary Language:

What language did you learn to speak first? _____

What language do you speak the most at home? _____

What language is spoken the most by your parents/guardians or other persons living in your home? _____

To be completed by student applicant only. Please list activities-clubs & organizations, sports and community involvement:

To be completed by student applicant only. Please describe the reasons why you want to attend Bristol Technical Education Center:

Parent/Guardian must sign off on the release of records before the School Counselor can complete the application.

Release of Records

I approve this application and I, the undersigned, hereby give permission for _____ to release
(name of high school)
school records of _____ to the Connecticut Technical Education & Career System for the
(applicant's name)
purpose of admissions /placement at that school. Such records include, but are not limited to, course grades, discipline records, standardized test results, 504 Plans, IEP and/or PPT records, attendance records, school health records, records of extracurricular activities and psychological reports.

Signature of Parent/Guardian Date: _____

Signature of Applicant Date: _____

School Information to be completed by the Sending School Counselor
Incomplete applications will not be processed

Student Name: _____ **Grade:** _____

Academic Information

Please provide a complete school transcript and current marking period grades for the student. The student's final transcript, health records, ELL program records, 504 plan, special education records (all that apply), are required for all applicants that are applying to Bristol Technical Education Center. Acceptance is contingent upon successful completion of current grade, promotion to the next grade and a FINAL discipline record.

For the current school year, please list the excused and unexcused absences:

Excused Absence Total: _____ Unexcused Absence Total: _____ Today's Current Date: _____

Student Applicant's Behavior

Please provide the following **required** discipline information on the above named student.

Please attach the student's complete discipline record.

- Has this student participated in a violent criminal offense, as determined by State Law, while in or on the grounds of a school? Yes No
- Has this student committed a gun-free schools violation (possession of a firearm or explosive device that resulted in expulsion)? Yes No
- Has this student participated in an "other weapon" incident resulting in expulsion? Yes No
- Does this student have any other discipline infractions (dangerous or criminal offenses)? Yes No

Has this student been identified as gifted or talented? If yes, please check. Gifted Talented

Special Education, 504 and Support Services

Does the student receive any special education services? Yes No

If yes, date of last triennial evaluation: _____

If yes, please describe: _____

Has the student been identified as 504 eligible and receive services? Yes No

If yes, please describe: _____

Does the student receive any support services other than special education? Yes No

If yes, please describe: _____

ELL (English Language Learner) Support Services

Does the student receive bilingual services? Yes No If yes, date bilingual services began: _____

Does the student receive ESL services? Yes No If yes, date ESL program services began: _____

If you answered yes to any of the above ELL support services questions, you must attach the most recent Language Assessment Scale (LAS LINKS) Student Report.

Required: To be completed by Sending School

Do you recommend this candidate for admission? Yes No

Please explain: _____

School Name: _____ Date: _____

Signature: _____ Title: _____

It is the policy of the Connecticut Technical Education & Career System that no person shall be excluded from participating in, denied the benefits of, or otherwise discriminated against under any program, including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, or disability (including, but not limited to, mental retardation, past or present history or mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and /or federal nondiscrimination laws. The Connecticut Technical Education & Career System does not unlawfully discriminate in employment and licensing against qualified persons with prior criminal conviction. Inquiries regarding the Connecticut High School System's nondiscrimination policies and practices should be directed to Jeffrey S. Wihbey, Superintendent of Schools, Connecticut Technical Education & Career System, 39 Woodland Street, Hartford, CT 06105, and/or, regarding race, color, national origin, age, sex and /or disability to the Office for Civil Rights, U.S. Department of Education, Boston, MA 02110-1491, telephone 617.289.0111, fax 617.289.0150 TTY/TDD/ 877.521.2172. The Connecticut Technical Education & Career System is an equal opportunity/affirmative action employer.

We offer a unique and rigorous learning environment that:

- Ensures both career technical education mastery and student success, as well as promotes enthusiasm for lifelong learning;
 - Prepares students for apprenticeships, immediate productive employment, as well as continuing education; and
- Engages regional and state employers, industry partners, CTEC representatives, our sending schools, and members of our family community in a vibrant collaboration that responds to current, emerging and changing workforce needs and expectations.