



Health Technology Application – 2 Year Program

(Only applicants entering Grade 11 for the 2022 – 2023 School Year are eligible to apply)

Application Instructions:

- Applicant must be entering Grade 11 for the 2022-2023 School Year
- Must complete entire application
- Be sure your School Counselor’s contact information is clear and accurate.
- Submit application to:
 - Mrs. Domenica Holman, School Counselor, Bristol TEC, 431 Minor Street, Bristol, CT 06010, or via fax 860-584-0795, or via email, Domenica.Holman@cttech.org

Please print clearly and complete each section of the application.

Student Information:

First Name _____ Middle Initial: ____ Student Last Name: _____

Gender: _____ Date of Birth: _____ Current Grade Level: _____

Place of Birth: _____ Current High School and Address: _____

_____ Has the student been homeschooled? _____

With whom do you live? _____

First Name: _____ Last Name: _____

Relationship to Applicant: _____

Home Phone: _____ Home Address: _____ Town: _____

Zip code: _____

Is the student’s mailing address different than the physical address listed above? _____ if so, please provide mailing address below.

Home Language:

Applicant’s Primary Language: _____

What language did you learn to speak first? _____

What language do you speak most at home? _____

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

Services: (to be completed by parent)

In order to ensure that an applicant’s educational plans are fully supported, please answer each of the following questions with a response of “Yes” or “No”:

- 1. The student has been identified for special support services: _____
- 2. The student has been identified as gifted and talented: _____
- 3. The applicant has an Individual Education Plan (IEP): _____
- 4. The applicant has a 504 plan: _____
- 5. Is the applicant currently in a referral process to determine eligibility for special education services or a 504 plan? _____

Family Information

Parent/Guardian 1

First Name _____ Middle Initial: _____ Last Name: _____

Email address (must provide): _____ Gender: _____

Relationship to Applicant: _____

Employer: _____

Please answer Yes or No to each of the questions below:

- 1. Emergency Contact? _____
- 2. Has custody? _____
- 3. Can pick up student? _____
- 4. Lives with student? _____
- 5. Resides at student’s home address? _____

Parent/Guardian 2

First Name _____ Middle Initial: _____ Last Name: _____

Email address: _____ Gender: _____

Relationship to Applicant: _____

Employer: _____

Please answer Yes or No to each of the questions below:

1. Emergency Contact? _____

2. Has custody? _____

3. Can pick up student? _____

4. Lives with student? _____

5. Resides at student's home address? _____

I affirm that the information provided is true, correct and complete, to the best of my knowledge and belief. This electronic signature and its related fields are treated like a handwritten signature on a paper form.

Student Signature: _____

Parent/Guardian Signature: _____

Statement of Understanding/ Release of Information. Parent/Guardian signs below under each statement.

By signing below, I understand that all information provided is complete and accurate to the best of my knowledge. I understand that I am indicating that I will have to provide a copy of my discipline record and attendance record. I also understand that final acceptance is contingent upon my promotion to grade 11. I also approve this application and hereby give permission for my child's school to release his/her school records which include, discipline records, IEP's, 504 Plan, and ELL records, to the Bristol Technical Education Center.

X _____ Parent/Guardian Signature / Date: _____