

**UNITED TECHNICAL CENTER**  
APPLICATION

Counselor/Please Check AM _____ PM _____	<u>Special Education</u> YES/NO  <u>504 Plan</u> YES/NO
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Class Choice \_\_\_\_\_

Student ID# \_\_\_\_\_

Please Print Student Section

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home High School \_\_\_\_\_

Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street # or P.O. Box #) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Parent's Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Check Level at \_\_\_\_\_ Sophomore \_\_\_\_\_ Senior  
Start of Next School Year \_\_\_\_\_ Junior \_\_\_\_\_ Post Secondary

IN ORDER TO COMPLY WITH SAFETY REGULATIONS, PLEASE CHECK IF YOU HAVE

Color Blindness  Contact Lenses  Diabetes  Epilepsy  Glasses  Hearing Aid  Allergic Reactions  
(Specify)

Do you take any medications regularly?  If yes, specify medication \_\_\_\_\_

PLEASE COMMENT ON ANY OTHER SPECIFIC HEALTH PROBLEMS NOT LISTED ABOVE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

**Release of Grades**

*After you graduate, we receive requests from various potential employers concerning your performance and attendance while at United Technical Center. If you wish to participate, please sign this document.*

I hereby authorize the United Technical Center to release my grades and any other records regarding my attendance in the \_\_\_\_\_ Class at United Technical Center. I also authorize my child's home high school to release a copy of his/her transcript to UTC.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

Your child may be eligible for special services at United Technical Center because of Federal Carl Perkins legislation. Please realize it is strictly voluntary if you wish to provide this information. Please check these services or any other you may be receiving.

\_\_\_\_\_  
Free or reduced lunch  
\_\_\_\_\_  
Special Education Services/504 Plan  
\_\_\_\_\_  
Other \_\_\_\_\_  
(Please specify)

**MUST BE SIGNED BY HIGH SCHOOL GUIDANCE COUNSELOR.**

Please check your class choice:

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Auto Body Technology I (a.m. only)                             | <input type="checkbox"/> | Electrical Technology (a.m. only)                               | <input type="checkbox"/> |
| Auto Body Technology II (p.m. only)                            | <input type="checkbox"/> | Health Assistant (1 yr program, Srs. 1 <sup>st</sup> choice)    | <input type="checkbox"/> |
| Automotive Technology I (a.m. only)                            | <input type="checkbox"/> | Electronics Technology (a.m. only)                              | <input type="checkbox"/> |
| Automotive Technology II (p.m. only)                           | <input type="checkbox"/> | Computer Systems And Operational Support                        | <input type="checkbox"/> |
| General Building Construction I & II                           | <input type="checkbox"/> | Masonry I & II  | <input type="checkbox"/> |
| Cosmetology (1 yr. Program Srs. only)                          | <input type="checkbox"/> | Prostart (Hospitality & Foods) 1 <sup>st</sup> Year (a.m. only) | <input type="checkbox"/> |
| Medical Assistant  | <input type="checkbox"/> | Prostart (Hospitality & Foods) 2 <sup>nd</sup> Year (p.m. only) | <input type="checkbox"/> |
| Conventional/Computer Aided Drafting I & II                    | <input type="checkbox"/> | Emergency Services & Fire Management                            | <input type="checkbox"/> |
| Machine Tool Technology/High Performance Engine I (a.m. only)  | <input type="checkbox"/> | Cisco/Web Design (p.m. only)                                    | <input type="checkbox"/> |
| Machine Tool Technology/High Performance Engine II (p.m. only) | <input type="checkbox"/> |   |                          |
| Welding Technology I (a.m. only)                               | <input type="checkbox"/> |   |                          |
| Welding Technology II (p.m. only)                              | <input type="checkbox"/> |   |                          |
| Graphic Communications/Printing (a.m. only)                    | <input type="checkbox"/> |   |                          |

The following classes must be approved by home school principal:

- |  |                          |
|--|--------------------------|
| English 9, 10, 11, 12 (Please Specify)<br>(7:45 a.m. only) | <input type="checkbox"/> |
| Applied Geometry<br>(7:45 a.m.) - Other                    | <input type="checkbox"/> |
| Algebra 2 (7:45 a.m.) - Other                              | <input type="checkbox"/> |

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**TO BE COMPLETED BY HIGH SCHOOL COUNSELOR**

- \_\_\_\_\_ Visually Impaired
- \_\_\_\_\_ Academically Disadvantaged
- \_\_\_\_\_ Economically Disadvantaged (Free & Reduced Lunch)
- \_\_\_\_\_ Handicapped
- \_\_\_\_\_ Hearing Impaired
- \_\_\_\_\_ Limited English Proficiency
- \_\_\_\_\_ Migrant Worker Family
- \_\_\_\_\_ IEP or 504 Modifications included

(This must be completed to comply with the Carl Perkins Act.)

Special Education program that this student is enrolled in:

\_\_\_ LD, \_\_\_ EMI, \_\_\_ TMI, \_\_\_ Gifted, \_\_\_ Handicapped, \_\_\_ Other

If Special Education - Name of Case Manager:

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
(Signature Home School Guidance Counselor or Principal)

(Must have counselor's & case manager's signatures to submit)

**\*\*WE MUST HAVE IEP/504 PLAN BEFORE THE 2007-2008 SCHOOL YEAR BEGINS**