



2018-19 Application

Student Information

Legal Last Name First Name MI Birthdate

Current Address City Zip

Grade Grad Year Gender Student Phone Home Phone Birth City & State

Student Email Primary Language

Student Race/ Ethnicity Information Are you on track to graduate? Yes No

Class Selection: All classes run Monday through Friday. Please indicate your 1st and 2nd choice in the box by writing "1st", "2nd", etc. Minimum number of students is required to run each section. The dashed sections are possible expansion sections we can offer with a minimum enrollment.

| NCTA Program | Campus | Session 1 8 – 10:30 | Session 2 11:30 – 2 |
|-------------------------------|------------------|------------------------|------------------------|
| Aerospace Manufacturing | Anacortes | | |
| Animal Care & Handling | Mount Vernon | | |
| Applied Medical Science | Mount Vernon | | |
| Automotive Services | Sedro Woolley HS | | |
| Construction – Skilled Trades | Sedro Woolley HS | | |
| Criminal Justice | Mount Vernon | | |
| Culinary Arts | Mount Vernon | | |
| Dental Assisting | Mount Vernon | | |
| Fire Science & EMS | Mount Vernon | | |
| Marine Services | Anacortes | | |
| Veterinary Assisting | Mount Vernon | | |
| Video Game Development | Mount Vernon | | |
| Welding | Meridian HS | | |

Second Year Student Instructor Sign-Off _____

I authorize the Northwest Career & Technical Academy to: Have access to any and all of my school records; to use my records; to obtain my photo and/or statements as they relate to the mission of the Academy, and/or to aid in the success and promotion of career & technical education. The signature of students over the age of 18 living independently verifies agreement. I also understand that if I participate in an off-campus program, location, or clinical, I will be required to provide transportation.

Student Signature _____

Student Questions

- Why have you chosen to apply to NCTA?
- How is NCTA part of your High School and Beyond Plan?
- How have you prepared for NCTA to be the next step in your education?
- What is your attendance commitment to the NCTA program?
- What is your educational plan after high school?
- What is your career plan after high school?
- Is there anything you would like to share with us?

Family Information

1st Family Name

Relationship: _____ Primary Language _____

Current Address

Email

Cell Phone () Alternate Phone ()

1st Family Name

Relationship: _____ Primary Language _____

Current Address

Email

Cell Phone () Alternate Phone ()

Emergency Contact Information

Name

Relationship: _____ Primary Language _____

Cell Phone () Alternate Phone ()

Does your student have a life-threatening or other medical condition that requires medication at school or a school health care plan? No Yes

If Yes, Please describe: _____

I authorize the Northwest Career & Technical Academy to: Have access to any and all of my student's school records; to use my student's records; to obtain my student's photo and/or statements as they relate to the mission of the Academy, and/or to aid in the success and promotion of career & technical education. The signature of students over the age of 18 living independently verifies agreement. I also understand that if my student participates in an off-campus program, location, or clinical, I will be required to provide transportation.

Parent/Guardian Signature _____

Sending High School Information

Please note, all special education (full IEPS required), medical and emergency documents must be received before an application is processed.

Sending High School _____

Is the student on track to graduate? No Yes

Is the student taking classes at home high school? _____

Does this student have an IEP: No Yes (A full IEP copy required)

IEP Qualifying Area(s): _____

Case Manager: _____

Does this student have a 504 Plan: No Yes

Does this student have an Emergency Plan: No Yes

Does this student have a Medical Alert: No Yes

Student's Current Attendance overall:

- Exceptional (0-3 absences)
- Good (4-7)
- Fair (8-15)
- Poor (15+)

Transcript attached: No Yes

Any other information or concerns we should be aware of with this student?

School Representative Name _____

Signature _____ Date _____

The Mount Vernon School District does not discriminate in employment, programs, or activities on the basis of age, race, color, national origin, creed, religion, sex, sexual orientation, gender expression, gender identity, honorably discharged veteran or military status, or the presence of any sensory, mental or physical disability or use of a trained guide dog or service animal by a person with a disability and provides equal access to the Boy Scouts and other designated youth groups. We will take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities, including those specific to career and technical education programming.