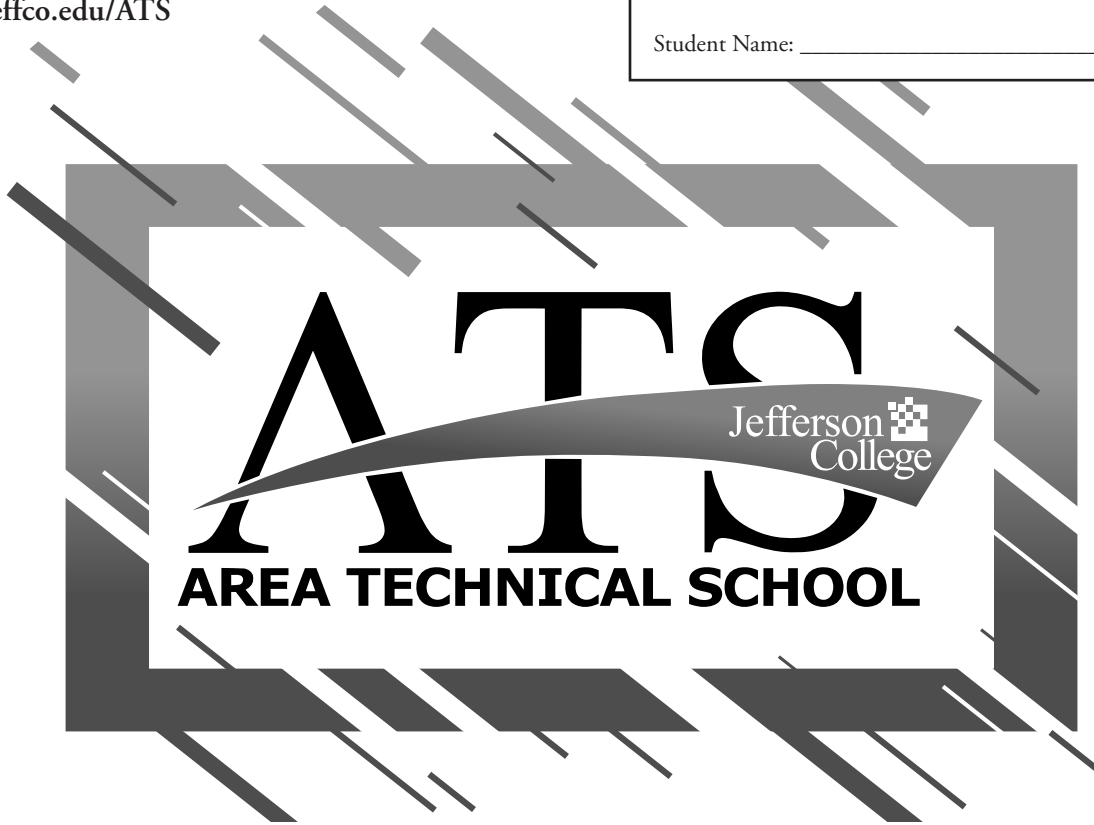


Jefferson College Area Technical School
1000 Viking Dr. • Hillsboro, MO 63050
www.jeffco.edu/ATS

High School: _____

Student Name: _____



APPLICATION FOR ADMISSION 2018-19

Career Education Opportunities for High School Students

APPLICATION CHECKLIST: HIGH SCHOOL OFFICE USE ONLY

(Please review the following prior to sending application.)

- | | | |
|---------------------------------------|------------------------------|-------------------------|
| _____ Complete address & phone number | _____ Consent form completed | _____ Discipline Record |
| _____ Emergency contact information | _____ Transcript | _____ Essay Questions |
| _____ Parent signatures | _____ Attendance Record | _____ Reading Score |
| _____ Social security number | _____ Counselor Form | |

This application is supported by the sending High School: YES NO With Reservations
Comments:



ATS OFFICE USE ONLY

Returning ATS Student: YES NO

Program _____

Student V# _____

ATS Level _____

STUDENT APPLICATION

Graduation Year: _____ GPA: _____ AccuPlacer / WorkKeys / ACT Reading score _____

Social Security # _____

PERSONAL INFORMATION (COMPLETE ALL PAGES — PLEASE PRINT)

Date of Application: _____ High School: _____

Student Legal Name: _____
Last First MI

Mailing Address: _____
Address City State Zip

Home Phone: _____ Student Cell Phone: _____

E-mail Address: _____

Birthdate: Month ____ Day ____ Year _____

Mother's Guardian's Name: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Address, if different from student: _____

E-mail address: _____

If you would like to receive e-mail correspondence from the ATS, please provide a valid e-mail address above.

Father's Guardian's Name: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Address, if different from student: _____

E-mail address: _____

If you would like to receive e-mail correspondence from the ATS, please provide a valid e-mail address above.

PROGRAM CHOICES

Place a “1” next to your **first** choice of program

“2” next to your **second** choice, and

“3” next to your **third** choice.

___ **Advanced Residential Carpentry**

(11 & 12 grades)

** must have successfully completed one year of Residential Carpentry*

___ **Digital Media Technology***

(10, 11 & 12 grades)

___ **Automotive Technology***

(12 grade only)

___ **Early Childhood Education***

(11 & 12 grades)

___ **PLTW: Biomedical Sciences I**

(10, 11 & 12 grades)

___ **Fire Science Technology***

(12 grade only)

___ **PLTW: Biomedical Sciences II**

(10, 11 & 12 grades)

** must have successfully completed PLTW: Biomedical Sciences I*

___ **Health Services Assistant**

(11 & 12 grades)

** Must be 16 years old at time of enrollment*

___ **Building Repair Technology**

(10, 11, & 12 grades)

___ **Heating, Refrigeration, and**

Air Conditioning Technology*

(11 & 12 grades)

___ **Business Management***

(11 & 12 grades)

___ **Metal Fabrication**

(10, 11, & 12 grades)

___ **Computer Integrated Manufacturing***

(12 grade only)

___ **Residential Carpentry**

(10, 11, & 12 grades)

___ **Culinary Arts**

(10, 11, & 12 grades)

___ **Welding Technology***

(11 & 12 grades)

** If students are accepted for any of these programs, and do not have an ACT or AccuPlacer test score on file, they will be required to take the AccuPlacer test at Jefferson College or at their sending school. This test will be free of charge and it will not change the student's acceptance status in any way.*

If the student's test score is below ACT 18 (on the Reading section), or AccuPlacer 85 (on the Reading section), or Jefferson College will provide reading remediation through the ATS to help improve the student's reading level. If you have questions regarding test scores, the testing process, or regarding this reading requirement in any way, please contact the respective ATS counselor at your high school.

SHORT ESSAY QUESTIONS

Please respond to the following questions in your own handwriting.

1. Why are you interested in attending the Area Technical School?

2. What are your plans after graduating High School?

3. How did you decide on your program choices?*

1st Choice:

2nd Choice:

3rd Choice:

4. Which class, past or present, has been your favorite? Explain why.

5. Describe your participation in school, community activities, and volunteer work.

6. What life experiences/job skills do you have that you feel will help you in your classes at the ATS?

1.

2.

3.

Student Legal Name: _____

MEDICAL INFORMATION

Due to the nature of the activities in our career education programs, we believe it is necessary to have some general medical information on all of our students. Also, in case of a severe accident, we need a pre-arranged authorization from you about how to handle medical treatment. We would very much appreciate the following information:

Does the student take medicine on a regular basis? YES NO

If yes, please describe: _____

Does the student have any of the following medical conditions that we should be aware of? (Check all that apply)

Hearing Heart Condition Epilepsy Allergies Diabetes Back Condition Other _____

Additional Information Regarding above conditions: _____

Does the student have health insurance? YES NO

In case of emergency, I give a representative of Jefferson College and/or the ATS permission to have my son/daughter transported to the hospital.

Signature of Parent/Guardian: _____ Date: _____

DECLARATION OF INTENT FOR STUDENTS ENROLLING IN ATS COURSES

_____/_____
Student Initial/
Parent/Guardian Initial

We the undersigned grant permission to Jefferson College and the local school district to freely exchange pertinent information in order to meet state and federal reporting requirements. We further understand that Jefferson College is preparing the student for entry level employment or continuing education based on a combination of secondary (high school) and postsecondary (college-level) education programs. We have been advised that college-level career education programs offered to high school students are preparatory to the completion of a college certificate or degree program.

RELEASE FOR PICTURES/WITTEN/VERBAL INFORMATION

_____/_____
Student Initial/
Parent/Guardian Initial

We authorize Jefferson College to reproduce, use, or distribute photographs or college-related materials in which the student might appear and similarly use written and verbal statements attributed to the student that are related to the college. We understand and agree that no considerations or representations are made to the student or parent for payment or other compensation for use of any said material.

VERIFICATION

_____/_____
Student Initial/
Parent/Guardian Initial

Upon admission to Jefferson College, I agree to abide by the Student Code of Conduct and all rules and regulations of Jefferson College and/or the ATS. I hereby certify that to the best of my knowledge the preceding information is true.

- I understand that the deliberate falsification and/or omission of information pertaining to the application may result in immediate dismissal and full loss of credits.
- Use of tobacco at any Jefferson College campus or ATS function is prohibited.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

JEFFERSON COLLEGE 2018-19 AREA TECHNICAL SCHOOL STUDENT CONSENT FOR INFORMATION RELEASE

By federal law, Jefferson College officials are not permitted to release any information to any person, including a student's parents or guardians, about the student's 1) academic progress, including grades, attendance, and academic standing; 2) payment or financial status. It is often the student's request that information be released to his/her parents or guardians, who may seek information from the College.

Please complete the information below to authorize your high school and parents/guardians to have access to your academic and financial information for the academic year listed above.

Name of High School _____

Name of Parent(s)/Guardian(s) _____

Please print your name: _____

Signature: _____ Date: _____