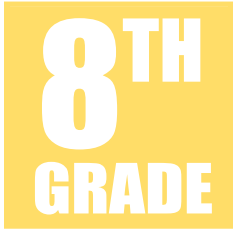


OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL

# Application for CAREER ACADEMIES



**Please indicate which academy you are applying to (select one):**

- Marine Academy of Technology and Environmental Science
- Performing Arts Academy (Please indicate preferred discipline)
  - Acting
  - Vocal Music
  - Dance

PLEASE PRINT ALL INFORMATION CLEARLY

Student's Last Name			First Name			Middle Initial			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mailing Address - Street / PO Box										
City				State				Zip Code		
Student's Date of Birth		Age	City of Birth		County of Birth		State of Birth		Country of Birth	
Parent's Home Phone Number (include area code)						Parent's Email Address				
<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	Name			Business Phone (include area code)			Cell Phone (include area code)		
<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	Name			Business Phone (include area code)			Cell Phone (include area code)		
Primary language spoken at home? _____										
How did you learn about OCVTS Career Academies? <input type="checkbox"/> School Presentation <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Other, please explain										

**School Publicity Release:** I understand that my child may occasionally be the subject of individual or group photographs or videos taken in his/her career area. I approve the use of my child's image in various media including, but not limited to newspapers, television and electronic media to be used in the promotion of programs at the Ocean County Vocational Technical School.

*By signing below, I accept the above agreement and agree to abide by all school policies, safety rules and procedures.*

Print Name - Check One  Parent  Guardian Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Student Name Student Signature \_\_\_\_\_ Date \_\_\_\_\_

N.J.A.C. 6:3-2.2 allows educational, occupational, and military personnel access to school information. If you do not want this information released, please initial here \_\_\_\_\_



**Life's a Journey...Better Get Good Directions**

Survey in Compliance with Affirmative Action Program (Optional) Ethnic Origin		
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Native American or Alaskan
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> No Response

**ALL REQUESTED INFORMATION MUST BE PROVIDED.  
IF THIS APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO THE APPLICANT.**  
APPLICATION MUST BE POSTMARKED BY DECEMBER 10.

SUBMIT COMPLETED APPLICATION TO:  
**OCVTS CAREER ACADEMY ADMISSIONS**  
**131 BEY LEA ROAD TOMS RIVER, NJ 08753**

September 2011

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL

# Guidance Information

**OFFICIAL RECORDS MUST ACCOMPANY THIS APPLICATION  
(RECORDS MUST INCLUDE COPIES OF GRADES AND STANDARDIZED TESTS)**

**\*\*NOTE:** Before this application can be processed, the following information must be COMPLETED by the school principal/counselor. This application will be returned unprocessed if this is not completed and the records are not included. **Do Not State "Refer to Records!"**.

Student Name \_\_\_\_\_

Current School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_ As of (date) \_\_\_\_\_

Student's Public Resident District \_\_\_\_\_ Student's High School District \_\_\_\_\_

NJS Student Number \_\_\_\_\_

Is student receiving or recommended for remedial or compensatory education? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what areas? Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

**PLEASE INDICATE ANY CLASSES TAKEN AT HONORS LEVEL.**

<b>SUBJECT</b>	<b>GRADE 7 (Final Grades) Number/Letter Grade</b>	<b>GRADE 8 (First Marking Period) Number/Letter Grade</b>
<b>English/Language Arts</b>		
<b>Mathematics</b>		
<b>Social Studies</b>		
<b>Science</b>		
<b>AVERAGE (OCVTS ONLY)</b>		

**LATEST STANDARDIZED TEST SCORES**

**NJASK7 Scores: Mathematics \_\_\_\_\_ Language \_\_\_\_\_ Date of test: / /**

**OR**

**Name of test taken: \_\_\_\_\_ Total Battery \_\_\_\_\_**

**Date of test: / / Score National % \_\_\_\_\_**

Signature of Principal/Counselor \_\_\_\_\_

Date \_\_\_\_\_



# MEDICAL INFORMATION

Student's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

*Please complete the following medical summary for your child's medical file. Indicate any existing condition by marking the appropriate boxes below. Explain any of the conditions in the explanation fields below. All information is confidential and will not in any way affect admission to OCVTS, as per section 504 of the Rehabilitation Act of 1973.*

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Anorexia           | <input type="checkbox"/> Contacts                  | <input type="checkbox"/> Learning Disability (Specify) | <input type="checkbox"/> Muscle Disorder (Specify)      |
| <input type="checkbox"/> Allergies(Specify) | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Lyme Disease                  | <input type="checkbox"/> Nerve Disorder (Specify)       |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Drug Allergy (Specify)    | <input type="checkbox"/> Excessive Bruising            | <input type="checkbox"/> Physical Handicap (Specify)    |
| <input type="checkbox"/> Back Problems      | <input type="checkbox"/> Eating Disorder (Specify) | <input type="checkbox"/> Glasses                       | <input type="checkbox"/> Respiratory Problems (Specify) |
| <input type="checkbox"/> Bulimia            | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Hearing Impaired              | <input type="checkbox"/> Vision Problems (Specify)      |
| <input type="checkbox"/> Color Blind        | <input type="checkbox"/> Excessive Bleeding        | <input type="checkbox"/> Heart Problems (Specify)      |   |
| <input type="checkbox"/> Other _____        |  |  |   |

Explain Checked Areas Here: \_\_\_\_\_

**If your child takes any medication on a regular basis, please list medication name(s) below.\***

MEDICATION NAME	EXPLAIN REASON FOR MEDICATION

*\*If it is necessary for your child to take any medication in school, it must be brought to the School Nurse by the parent, guardian or adult designee. No student is allowed to carry prescription or non-prescription medication on their person unless it has been approved by a Licensed Physician, the School Nurse, all paperwork has been completed and said paperwork is on file at the school. Any authorized medications will be held at Ocean County Vocational Technical School for parent, guardian or adult designee to pick up.*

The mission of the Ocean County Vocational Technical School system is to prepare students for job placement or further education leading to successful employment. We develop partnerships with affiliated schools, parents, business, industry and community agencies to create and deliver opportunities for students to participate in quality occupational programs and support services. These programs and services are designed to meet the needs of high school students and adult learners, as well as the requirements of employers, colleges, technical schools and the community. All students will achieve the New Jersey Core Curriculum Content Standards at all grade levels.

Our most important products are our quality graduates and our most important service is to provide them with skills for a lifetime. We measure our success by: enrollment in our programs; student attainment of marketable occupational skills; graduates capable and desirous of life-long learning; employer and graduate satisfaction; cost effectiveness of our total system; achievement of our graduates; and organizational and individual recognition and awards received.

It is the policy of the Board of Education of Ocean County Vocational Technical School not to discriminate in its technical programs, vocational opportunities, activities, employment practices or admission policies and practices on the basis of race, color, creed, religion, sex, ancestry, national origin, affectional and sexual orientation, disability or social or economic status. Lack of English language skills will not be a deterrent to admission to any program at the Ocean County Vocational Technical School.

Inquiries regarding affirmative action, discrimination (including Federal Title IX requirements), sexual harassment or equity should be directed to:

Nancy Weber-Loeffert, Title IX/Affirmative Action Officer, 732.240.6414 (ext. 3332)

Thomas McInerney, Federal Section 504 Officer, 732.286.5665 (ext. 3412)

Kevin Dineen, Americans with Disabilities Act (ADA) Officer, 732.473.3100 (ext. 3123)

**Academy Admissions Office:  
732.473.3100 x3065  
Visit our website at [www.ocvts.org](http://www.ocvts.org)**



**Commission on Secondary Schools  
Middle States Association**

OCVTS is an Equal Opportunity School District.  
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