

# Application for SPECIAL SERVICES



FOR OCVTS USE ONLY		
OCVTS Eval.	Class Date	Class
_____	_____	_____

FOR OCVTS USE ONLY		
Program	Center	Session AM__ PM__
_____	_____	_____

*This application and the Medical Summary Form must be completed and signed by the parent or guardian and returned to the Home School Child Study Team (CST). The Child Study Team Form must be completed by the Home School Child Study Team or approved personnel.*

**PLEASE PRINT ALL INFORMATION CLEARLY**

Student Last Name			First Name		Middle Name
Student's Primary Residence Mailing Address - Street / PO					
City		State	Zip Code		
Student's Date of Birth	Age	City of Birth	County of Birth	State of Birth	Country of Birth
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Current Grade _____			
Parent's Home Phone Number (include area code)			Parent's Email Address		
Check One	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	Business Phone (include area code)	Cell Phone (include area code)	
Check One	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	Business Phone (include area code)	Cell Phone (include area code)	
<b>Military Affiliation: Please select one of the following:</b>					
<input type="checkbox"/> <b>Military Connected</b> - Student is a dependent of a member of the US military services: Active Duty forces (Army, Navy, Air Force, Marine Corps, Coast Guard) or National Guard or Reserve components.					
<input type="checkbox"/> <b>Student is Not Military Connected</b>					
How did you hear about OCVTS? <input type="checkbox"/> School Presentation <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Social Media					
<input type="checkbox"/> Other, please explain _____					

**School Medical Authorization Agreement**

Your child will be required to use various tools and equipment. Appropriate instruction in the proper use of the tools and equipment is given and close supervision is maintained. Every precaution is taken to prevent accidents. We are asking your cooperation in impressing upon your child with the importance of being careful. It is mandatory that all students accept the obligation to obey the safety rules designed to protect them and others.

I hereby verify that all medical information provided in this document is accurate and do authorize the school nurse and/or appropriate personnel to render whatever aid is deemed necessary for the safety of the child. I also give permission to share this information with appropriate school and medical personnel and for my child to use the tools and equipment in the program. I further understand that it is my responsibility to immediately report any health changes to the School Nurse. In an emergency situation you have my permission to send my child to the nearest hospital.

**Student records will be retained on file for a period of two years after student leaves Ocean County Vocational Technical School. I understand that a criminal background check will be required for all students over the age of 18 in health career programs. By signing below, I accept all of the above agreements and agree to abide by all school policies, safety rules and procedures.**

**School Permit for Educational Field Trips**

I approve the participation of my son/daughter in school sponsored educational trips with his/her career program. I understand that such trips will be properly supervised by a member of the faculty and that advanced notice about the activity will be available. I agree to instruct my child to follow all directions concerning good behavior, safety and special procedures.

**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 Ocean County Vocational Technical School.

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 shared, please initial here. \_\_\_\_\_*

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"/> Asian or Pacific Islander	<input type="checkbox"/> Native American or Alaskan
<input type="checkbox"/> Cuban	<input type="checkbox"/> Other	<input type="checkbox"/> No Response



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

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL

# Medical Information Form

**This form to be completed by Parent/Guardian  
Application will not be processed if incomplete.**

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

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

**Please complete the following medical summary for your child's medical file, including 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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_ Date of Last Polio Immunization \_\_\_\_\_ Date of Last Lead Blood Test: \_\_\_\_\_

**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 to school, it must be brought to the School Nurse by a 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 the Ocean County Vocational Technical School for parent, guardian or adult designee to pick up.**

**List required medical information below, If you do NOT have health insurance indicate by writing "NONE".**

Physician's Name \_\_\_\_\_ Office Phone (include area code) \_\_\_\_\_

Name of Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**In case of emergency, please indicate where student's parent or guardian may be reached during school hours:**

Mother  Guardian Name \_\_\_\_\_ Business Phone (include area code) \_\_\_\_\_ Cell Phone (include area code) \_\_\_\_\_

Business Address \_\_\_\_\_

Father  Guardian Name \_\_\_\_\_ Business Phone (include area code) \_\_\_\_\_ Cell Phone (include area code) \_\_\_\_\_

Business Address \_\_\_\_\_

**List two adults who are authorized to pick up your child and be responsible for them if you cannot be reached.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL

# Child Study Team Information

This form to be completed by the home school Child Study Team or approved high school personnel ONLY.

Application will not be processed if incomplete.

**PLEASE PRINT ALL INFORMATION CLEARLY**

Student Last Name	First Name	Middle Name
Student's Municipality/Residential District	Student's High School	<i>NJS Student Number</i>
First date of entry in U.S. school, if from outside the United States or Puerto Rico: _____		
Case Manager/Counselor	Phone Number	Extension Num-

**LATEST STANDARDIZED TEST RESULTS**

Name of test: \_\_\_\_\_

AREA	SCORE	YEAR TAKEN
Reading*		
Math*		
Writing*		

\*If student failed any of these areas, please include a testing profile.

**ATTENDANCE (Days Absent)**

Attendance information must be included.

Grade 9	Grade 10	Grade 11

<input type="checkbox"/> Yes	<input type="checkbox"/> No	This student has an Individual Educational Program (IEP)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	This student has completed the OCVTS Career Readiness Unit
<input type="checkbox"/> Yes	<input type="checkbox"/> No	This student is exempt from Standardized Testing

BASIC SKILLS INDEX	DATE ENROLLED
<input type="checkbox"/> Yes <input type="checkbox"/> No ELA	
<input type="checkbox"/> Yes <input type="checkbox"/> No Math	
<input type="checkbox"/> Yes <input type="checkbox"/> No Science	
<input type="checkbox"/> Yes <input type="checkbox"/> No Title 1A	

**A copy of the student's complete record, including test data, school grades, and a health form completed by the nurse (if necessary) must be attached to this application. All above information must be filled in prior to forwarding.**

**Additional Information:** Please provide any other pertinent information or personal comment that does not appear on the copy of the student's record, i.e., personality traits, social development, strengths, weaknesses, etc. (Use an additional sheet, if necessary).

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*Signature of Case Manager/Counselor* \_\_\_\_\_ *Printed Name* \_\_\_\_\_ *Title* \_\_\_\_\_ *Date* \_\_\_\_\_

**APPLICATION FOR CAREER READINESS PROGRAM**  
PLEASE INDICATE CLASSIFICATION AND DATE OF CLASSIFICATION

Date of Session Requested \_\_\_\_\_

Student Classification \_\_\_\_\_ Classification Date \_\_\_\_\_

Application Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Phone Number to Contact for Additional Information \_\_\_\_\_

THE FOLLOWING INFORMATION IS ATTACHED:

<input type="checkbox"/> Yes <input type="checkbox"/> No Student Transcript	<input type="checkbox"/> Yes <input type="checkbox"/> No Individual Education Program
<input type="checkbox"/> Yes <input type="checkbox"/> No Child Study Team Records	<input type="checkbox"/> Yes <input type="checkbox"/> No Health Summary

Reason for Evaluation: \_\_\_\_\_

Indicate which school register this student is placed in:  REGULAR  SPECIAL REGISTER  SUPPLEMENTAL REGISTER

# OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL

## SPECIAL SERVICES

### Admission Information

Ocean County Vocational Technical School is proud of the accomplishments we have achieved in providing vocational training programs for students with special educational needs. Our school offers shared-time (half day) specialized vocational training for Special Needs students at four of our six vocational centers. Our goals are to prepare Special Needs students for the world of work and obtain skills for daily living.

#### Vocational Evaluation

The Career Readiness experience provides individuals, grades eight through twelve, with the opportunity to participate in a work-oriented environment. Workstations and other exploratory activities are designed to provide students with hands-on experience in various occupational areas. These activities give students the opportunity to experience first-hand what it is like working with tools and machinery associated with different occupations.

#### Scholarship Information

Scholarships awards are available to exemplary students of the current graduating class for continuing education at OCVTS. A limited number of scholarships are made available each year to qualified seniors.

**CALL THE OCVTS SPECIAL SERVICES DEPARTMENT AT  
732.473.3100 EXT. 3326  
FOR ASSISTANCE WITH THIS APPLICATION**



#### Mission Statement

The mission of Ocean County Vocational Technical School is to provide an intensive and immersive educational experience aligned with the current and emerging demands of business, industry, and advanced education. We instill the knowledge, skills, and competencies required for students to experience success in entering the workforce, advancing along a career pathway, and achieving career aspirations.

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 Ocean County Vocational Technical School. Inquiries regarding affirmative action, discrimination (including Federal Title IX requirements), sexual harassment or equity should be directed to:

Dr. Michael Maschi, Title IX/Affirmative Action Officer, 732.240.6414 (ext. 3332)

Kevin Dineen, Federal Section 504 Officer, 732.473.3100 (ext. 3123)

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

We are an Equal Opportunity Employer and Educator who fully and actively supports equal access for all people regardless of race, color, religion, gender, age, national origin, veterans status, disability, genetic information or testing, family and medical leave, sexual orientation and gender identification and expression. We prohibit retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or practice in the investigation of any complaint, or otherwise oppose discrimination.



Commission on Secondary Schools  
Middle States Association