

CAREER ORIENTATION PROGRAM

**SALEM COUNTY CAREER & TECHNICAL HIGH SCHOOL
APPLICATION FOR ADMISSION for 2024-25 SCHOOL YEAR**

880 ROUTE 45
WOODSTOWN, NEW JERSEY 08098
(856) 769-0101, ext. 5370 • admissions@scvts.org

****Application Deadline: January 31, 2024****

DATE _____

NAME _____
Last (Jr.,Sr,I, II, III) First Middle

MAILING ADDRESS _____
Number and Street

CITY _____ STATE _____ ZIP CODE _____

**** (ALL PO BOXES MUST ALSO LIST RESIDENTIAL ADDRESS) ****

PHONE NUMBER _____

DATE OF BIRTH _____ CURRENT AGE _____

MALE FEMALE

CITY OF RESIDENCE _____ CITY OF BIRTH _____ STATE OF BIRTH _____

COUNTRY OF BIRTH _____ IS STUDENT A U.S. CITIZEN? Yes No

PRIMARY LANGUAGE SPOKEN AT HOME ENGLISH SPANISH
 OTHER _____

LANGUAGE STUDENT FIRST LEARNED TO SPEAK ENGLISH SPANISH
 OTHER _____

MOTHER'S/GUARDIAN'S NAME _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

FATHER'S/GUARDIAN'S NAME _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

Completion of the following section is voluntary. Ethnic information is required by the U.S. Office for Civil Rights. The Salem County Vocational Technical School District offers equal opportunity to qualified individuals, regardless of age, color, national origin, race, gender, marital status, sexual orientation or handicap.

Please check one:

- | | |
|---|---|
| <input type="checkbox"/> Caucasian/White-not of Hispanic origin | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Pacific Islander or Native Hawaiian | <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial |

EDUCATIONAL BACKGROUND

Please list applicant's Current School: _____ Grade Level: _____

Have you ever attended the Salem County Vocational Technical Schools? Yes No

If yes, what program? _____

Please indicate how you learned about Salem Tech and our Program Offerings:

- | | |
|---|---|
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> Salem Tech Recruiter |
| <input type="checkbox"/> Child Study Team | <input type="checkbox"/> Family |
| <input type="checkbox"/> Media/Direct Mailing | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Other, Explain _____ |

The following section to be completed and signed by parent/guardian if under 18 years of age:

PARENT/GUARDIAN RELEASE AUTHORIZATION

I hereby authorize and direct my son's/daughter's resident school district to make available all scholastic, health, and child study team evaluations to the Salem County Vocational Technical School District.

I give the Salem County Vocational Technical School District permission to photograph and/or digitally record my child for promotional purposes. Yes No

I give the Salem County Vocational Technical School District permission to publish my child's photo and/or video on their website for promotional purposes. Yes No

My signature below gives permission for release of ALL my child's educational records (including grades, standardized test scores, child study team evaluations, and health records) to the Salem County Vocational Technical Schools.

PARENT/GUARDIAN SIGNATURE _____ Date _____

STUDENT SIGNATURE _____ Date _____

COMPLETE THIS APPLICATION AND RETURN IT TO:

Salem County Vocational Technical Schools
Attn: Supervisor of Admissions
880 Route 45
Woodstown, NJ 08098

Completed applications may also be emailed: admissions@scvts.org (formal scans only, no photos)
For more information: Call (856) 769-0101, ext. 5370, or email admissions@scvts.org

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