



1265 Sumneytown Pike • Lansdale, PA 19446  
 (215) 368-1177 • Fax (215) 855-7929  
 www.nmtcc.org

North Montco  
 Technical Career Center

## SECTION I TO BE COMPLETED BY PARENT/GUARDIAN (Please Print):

STUDENT NAME: \_\_\_\_\_  
 (First) (MI) (Last)

ADDRESS \_\_\_\_\_  
 (Street) (City/Town) (Zip Code)

HOME PHONE: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_

SENDING DISTRICT: \_\_\_\_\_ SENDING SCHOOL: \_\_\_\_\_

STUDENT RESIDES WITH: Both Parents  Mother Only  Father Only  Guardian  Other (Specify) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ email \_\_\_\_\_ @ \_\_\_\_\_  
 (First) (MI) (Last) This address will be used for parent portal access

\_\_\_\_\_  
 Address of Father/Guardian if different from student (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Cell Phone No.

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Home - Telephone Work - Telephone

Mother/Guardian \_\_\_\_\_ email \_\_\_\_\_ @ \_\_\_\_\_  
 (First) (MI) (Last) This address will be used for parent portal access

\_\_\_\_\_  
 Address of Mother/Guardian if different from student (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Cell Phone No.

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Home - Telephone Work - Telephone

### Enrollment Agreement—Must be signed by parent and student

Choosing to attend North Montco Technical Career Center (NMTCC) requires making an informed and responsible career decision. A student's success and continued enrollment will depend on the following:

1. Regular Attendance – You will be expected to be prompt and attend regularly.
2. Positive Behavior and Self-Discipline – You will be expected to work cooperatively with all staff and students demonstrating respect and self-control at all times.
3. Effort and Safety – You will be expected to participate actively in all educational activities as directed by the teacher, achieve to the best of your ability, and adhere to all safety rules and regulations. Furthermore, you agree not to attempt any procedure, use any tools/equipment or handle any supply or material without proper training and the approval of the assigned teacher.
4. Financial Requirement – You will be required to purchase certain items that uniquely pertain to your particular program (e.g. personal safety equipment, clothing and/or selected tools). Please see cost of individual programs by going to nmtcc.org.

Both the students and the parents agree to the aforementioned requirements and acknowledge the inherent risk and potential for injury involved in career and technical programs. Failure to comply with the requirements may result in removal from NMTCC and reassignment to a more appropriate educational program. It may be necessary for students to take the administered career scope to determine aptitude for success.

I am committed to the enrollment agreement and request admission to the program/course as indicated.

Student Signature \_\_\_\_\_

### CONSENT AUTHORIZATION (Parent/Guardian must read and sign)

I am the parent or legal guardian of the student applicant, I have examined the information on the application, and agree with these criteria and the course selection(s) my son/daughter has requested.

Parent Signature \_\_\_\_\_

\_\_\_\_\_ Date

**SECTION II: To be completed by your school counselor. Please make sure the Enrollment Form is complete (signatures and attachments) before sending it to NMTCC. All incomplete enrollment forms will be returned to sending school.**

**PLEASE CHECK (✓) ALL THAT APPLY. DATA IS USED FOR STATE REPORTING AND I.D.E.A REQUIREMENTS:**

Regular Education  Special Education  At Risk  Economically Disadvantaged  Gifted  ELL Level \_\_\_\_\_  504

**PLACEMENT CRITERIA**

**Directions: Please check (✓) the box which best correlates with the students records/performance for the current school year.**

**ATTENDANCE:**

*Must attach documentation.*

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/><br>No Unexcused Absences and/or 0-4 Excused Absences | <input type="checkbox"/><br>1-2 Unexcused Absences and/or 5-9 Excused Absences and/or 10+ Absences with Medical/Doctor Excuse | <input type="checkbox"/><br>3-5 Unexcused Absences and/or 10-19 Excused Absences with no Medical/Doctor Excuse | <input type="checkbox"/><br>5 Unexcused Absences and/or 20+ Excused Absences with no Medical/Doctor Excuse |
|---|---|--|--|

**DISCIPLINE:**

*Must attach documentation.*

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/><br>0-2 Minor Infractions (warnings) and/or 0 detentions/ISS and/or 0 suspensions | <input type="checkbox"/><br>3-4 Minor Infractions (warnings) and/or 1-2 detentions/ISS and/or 0 suspensions | <input type="checkbox"/><br>5-7 Minor Infractions (warnings) and/or 3-4 detentions/ISS and/or 1-2 suspensions | <input type="checkbox"/><br>8+ Minor Infractions (warnings) and/or 5+ detentions/ISS and/or 3+ suspensions |
|---|---|---|--|

**ACADEMIC ACHIEVEMENT:**

*Must attach documentation.*

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/><br>3.0 - 4.0 GPA | <input type="checkbox"/><br>2.0 - 2.9 GPA | <input type="checkbox"/><br>1.5 - 1.9 GPA | <input type="checkbox"/><br>GPA < 1.5 and/or missing credits for graduation |
|---|---|---|---|

**ENROLLMENT FORM WILL NOT BE ACCEPTED WITHOUT CURRENT IEP**

I have reviewed the appropriateness of this student's enrollment form and program choice

and I: Counselor's signature: \_\_\_\_\_

support  support with reservation\*

Counselor's email: \_\_\_\_\_ Phone number: \_\_\_\_\_

\* Reason (if any) for reservation: \_\_\_\_\_

Case Manager/Special Ed Teacher signature: \_\_\_\_\_

support  support with reservation\*

Case Manager/Special Ed email: \_\_\_\_\_ Phone number: \_\_\_\_\_

\* Reason (if any) for reservation: \_\_\_\_\_

**Documentation Needed**

**Current IEP or 504 plan**

**for all special needs students—email to rnovicki@nmtcc.org**

(required)

**Career Assessment Inventory** (recommended)

**Most recent PSSA Scores** (required)

**Recent Report Card** (required)

**Transcript** (required)

**Discipline Records** (required)

**Attendance Records** (required)

**Keystone Exams** (required)

**SECTION III:** To be completed by the student with parent/guardian and school counselor approval.

**Program Selection**

**DIRECTIONS:** Please indicate your first choice program selection by placing a "1" in the space to the left of the program title. If you have a second career choice you are interested in pursuing, place a "2" in the space next to that program title.

**CONSTRUCTION TRADES CLUSTER**

- Construction Carpentry
- HVAC
- Electrical Trades

**HEALTH & HUMAN SERVICES CLUSTER**

- Allied Health (Gr. 12 only)
- Biomedical Technology (11 or 12)
- Health Sciences
- Protective Services

**COSMETOLOGY CLUSTER**

- Cosmetology

**CULINARY ARTS CLUSTER**

- Culinary Arts
- Baking & Pastry Arts

**HORTICULTURE CLUSTER**

- Horticulture

**ENGINEERING/MANUFACTURING DESIGN CLUSTER**

- Drafting & Design
- Mechatronics
- Computer Integrated Machining
- Welding & Fabrication

**POWER & TRANSPORTATION CLUSTER**

- Automotive Collision Repair
- Automotive Technology
- Diesel Truck Technology
- Recreational Power Equipment

**VISUAL COMMUNICATIONS CLUSTER**

- Advertising Design
- Graphic Arts
- Internet Technologies

**Briefly explain why you chose this program:** \_\_\_\_\_

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**Briefly state your career goals:** \_\_\_\_\_

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**EQUITY STATEMENT**

The North Montco Technical Career Center does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to youth groups. Inquiries may be directed to the Administrative Director - the Title IX Coordinator/Section 504/ADA Title II Coordinator at 1265 Sumneytown Pike, Lansdale, PA 19446 or 215-368-1177.