Northern Tier Career Center
120 Career Center Lane
Towanda, PA 18848-8095
(570) 265-8111 Fax: (570) 265-3002 www.ntccschool.org

STUDENT ADMIT/SWITCH/DROP

_____ - _____ - _____
Student's Name Grade PA Secure ID #

HAS BEEN **ADDED / SWITCHED / DROPPED** FROM THE

_____ - _____ - _____
Program Group Home School

ON (Date) _____, FOR THE FOLLOWING

REASON: _____ (Withdrawal Code)_____

Guidance Signature: _____ Date: _____

Please note:
NTCC cannot add a student <u>UNTIL</u> a completed Student Admission/Information Form is received from the Guidance Department

(This needs to be done at least a day in advance)

Northern Tier Career Center is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex or handicap in its activities, programs or employment practices as required by Titles VI and IX and Section 504. For more information, contact the Title IX and Section 504 Coordinator at 120 Career Center Lane, Towanda, Pennsylvania 18848 (570) 265-8111.

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2016/17

Student Admission/Information Form

(TO BE COMPLETED AFTER STUDENT IS ENROLLED BY GUIDANCE)

GUIDANCE OFFICE: PLEASE DO NOT GIVE TO STUDENTS TO COMPLETE.
PLEASE DO NOT SKIP ANY SECTIONS

Student's Name _____ Grade Level for 2016/17 _____
First Middle Last

PA SECURE ID# _____ Age _____ Social Security Number _____ - _____ - _____

Birthdate _____ Male _____ Female _____ Blended ____ or Charter ____ School Student?

Student E-Mail Address _____ Student Cell Phone _____

Race (circle one): Unknown White (Non-Hispanic) American Indian/Alaskan Native (Not Hispanic) Asian Black (Non-Hispanic)
Hispanic White (Non-Hispanic) Native Hawaiian or Other Pacific Islander (Not Hispanic)

Resident District _____ Township _____ County _____

Parent/Guardian Name _____ Relationship _____
Title First Middle Last

Address _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

Work Phone _____ Parent E-Mail Address _____

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VOCATIONAL PROGRAM APPLIED FOR: _____ Student Will Attend: A.M. P.M. OTHER

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SPECIAL POPULATIONS

Disabled: _____ **Disadvantaged** _____.

Is student Learning Disabled or require Learning Support Services?
_____ YES _____ NO
If yes, person responsible for completing IEP:
_____
Name
*Please submit copy of IEP with this form

Is student Educationally Disadvantaged?
Reading ____ YES ____ NO
Math ____ YES ____ NO
None ____

Does student receive a free or reduced price lunch?
Free _____ **Reduced** _____
Neither _____

Student is a:
____ **RESIDENT**
____ **NON-RESIDENT**
_____ **Type of Non-Resident**

Is student Gifted? _____ YES _____ NO
Is STUDENT a single parent? _____ YES ____ NO
Does student have Limited English Proficiency? _____ YES _____ NO

Student's PSSA scores: Grade 8: Reading _____ **Math** _____ **Grade 11: Reading** _____ **Math** _____
(If not taken, please indicate as N/T)

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Person completing form: _____ Date _____

Guidance office approval: _____ _____
Guidance Counselor Signature Sending District

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