BUILDING CAREERS ONE STUDENT AT A TIME



Welcome to

West Side Career and Technology Center

75 Evans St . Kingston, PA 18704 . 570-288-8493

STUDENT REGISTRATION PACKET

Student Name _			Sending District	
	(Last)	(First)		

A complete registration packet consists of the following information:

This Checklist must be completed by the parent/guardian and the Sending School District, it will then be reviewed and signed by the WSCTC Guidance Department for approval. If anything is missing the application will not be accepted.

PARENT/STUDENT RESPONSIBILITIES:

- O Completed Student Registration Form (Form 1)
- O Completed Parent/Guardian Form (Form 2)
- O Completed Course Selection Form (Form 3)
- O Completed Sworn Statement Form (Form 4)
- O Completed Home Language Survey Form (Form 5)
- O Completed Emergency Information Record (office) (Form 6)
- O Completed Health History Form (nurse) (Form 7)
- O Completed Emergency Form (nurse) (Form 8)
- O Completed Acceptable Use of the Internet policy (page 1 & page 2) (Form 9 & 10)

Counselor/Sending School District Responsibilities:

- O Completed Counselor/Administrator Form (Form 11)
- O Student Transcript
- O Immunization record
- O Copy of current IEP
- O Copy of Plan 504
- O Appropriate PSSA/Keystone Scores
- O Student Discipline Record Current School Year
- O Copy of Birth Certificate

Revised:03/25/2025

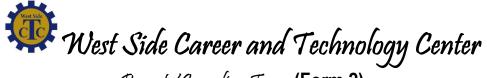
The West Side Career and Technology Center is an equal opportunity educational institution and will not discriminate on the basis of race, color, age, creed, religion, sex sexual orientation, ancestry, national origin, marital status, pregnancy or handicap/disability in its activities or programs as required by Title VI, Title IX and Section 504. For information regarding civil rights or grievance procedures, contact the Title IX Coordinator, 75 Evans St., Kingston, PA 18704, (570) 288-8493 or email, qpalfey@wsctc.net. For information regarding services, activities and facilities that are accessible to and usable by handicapped persons, contact the Section 504 Coordinator/Support Services Coordinator.



Student Registration Form (Form 1)

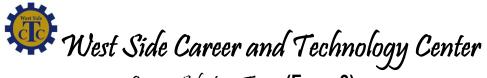
	Student Bio	graphical Ir	formation			
Student Name(Last)	(First)		Birthdate		Age	
Gender: (optional)	istrict rict District School District	Select Ethnicity: Hispanic Non-Hispanic Is the student a U.S. Citizen? Student's Place of Birth, if not US, please list the date the student moved to USA:		ic (op	ce/Select all that apply: otional) American Indian /Alaskan Native Asian Black/African American Native Hawaiian or Pacific Islander White	
O Full Time Application	O Part-Time Application					
Student Address:						
	imber: ()	Is this a cell phone? YES / NO in the event of absences and/or emergencies**				
	·	nt Academic	-	10103		
Students Current Grade:	Grade Student is	s Enrolling in: Yea		Year stu	ar student started 9 th grade:	
Does student have siblings atte	ending WSCTC?	Name of La	ast School Student att	ended:		
	Educa	ational Serv	rices			
Check ALL services that your child is currently receiving:						
☐ IEP (Individualized☐ ESL (English as a So☐ Gifted Individualiz☐ Speech/Language		☐ Section 504/Cl Agreement ☐ Other; please s	·	Service		
"West Side CTC is an Equal Opportunity Employer who fully and actively supports equal access for all people regardless of race, color, religion,						

"West Side CTC is an Equal Opportunity Employer who fully and actively supports equal access for all people regardless of race, color, religion, gender, sexual orientation, age, national origin, veteran status, disability or genetic information and prohibits retaliation against individuals who oppose such discrimination and harassment or who participate in an equal opportunity investigation."



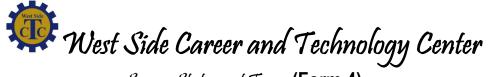
Parent / Guardian Form (Form 2)

Student Name(Last)		(First		Birth	ndate/	/	Age
(2032)		(11130)	•				
	S	tudent Parent/Gu	uardian In	formatio	n		
Student Lives With:	☐ Both Parent ☐ Mother ☐ Father ☐ Foster Pare		student? If Yes, plea school offic	se provide a	Yes No a copy to the WSCTC ormation does not ol to another.		
	Adult R	esident(s) with w	vhom the	student r	resides		
Name(Last)			(First)				-
Relationship to Child		Is Parent Serving A	ctive Milit	ary, Reser	ves or National Gu	ard?	
Phone Numbers (Home)		(Work)	-	-	(Cell)	-	
Name(Last) Relationship to Child			(First)	ary, Reser	ves or National Gu		-
Phone Numbers (Home)		(Work)	-		(Cell)		
	Second Parent	Information (Par	ent stude	nt DOES	NOT live with)		
Name(Last)			(First)			12	-
Relationship to Child		s Parent Serving A	ctive Milita	ary, Keserv	es or National Gu	ard	
Phone Numbers (Home)	-	(Work)			(Cell)		
Is this Parent to Receive	Is this Parent to Receive Notices: Yes / No Is this Parent to be contacted in case of Emergency: Yes / No						
Second Parent Addres	Second Parent Address:						



Course Selection Form (Form 3)

Student Name	Birth	ndate Age
 10 Computer Info Technology 20 Early Childhood Education 30 Automotive Technology 40 Auto Body Collision 	 90 Electrical 110 Culinary Arts 120 Machine Tech 130 Law Enforcement 	If Student is entering 9 th grade, the programs listed below are <u>NOT</u> available for selection: 60 Cosmetology (10 th , 11 th & 12 th only)
 50 Carpentry 60 Cosmetology 70 Marketing 80 Health Tech 	150 Multi Media160 HVAC180 Comp Maint/Tech	_ co cosmetology (10 ,11 &12 only)
	Student Course Selections	
1 st Choice		
Please provide a summary in paragraph for	rm listing the reasons why you feel your	1 st choice selection is the right career path.



Sworn Statement Form (Form 4)

Student Name		Rirthdate	/	/	Δσρ
(Last)	(First)	511 (1144)			/ 'Bc
Sworn Statement Pursuant to Section 1	1304-A of the Pu	blic School c	ode of	1949 as	Amended
The undersigned, being the parent/guardian, or	· -	_			
, a student about to that said student	enroll in the West	: Side Career ar	nd Tech	nology Ce	enter, verifies
Γ					
	□ Was □ Was Not				
Previously suspended or expelled from any pub for an act or offense involving weapons, alcohol or for any act of violence committed on school provided in the statement materials.	l, or drugs, or for thoroperty.	ne willful inflict	ion of ir	njury to a	nother person
If student was suspended or expelled please provide	e a brief description (of the incident(s) below:		
Signature of Parent/Guardian		Date		-	



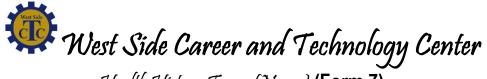
Home Language Survey Form (Form 5)

The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient students. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners. Pennsylvania has selected The Home Language Survey as the method for the identification.

West Side Career and Technology Center				
Student Name Birthdate				
Date: Grade (upon enrollment)				
1. What was the student's first language?				
2. Does the student speak a language other than English? If yes, please specify language (do not include languages learned in school)				
3. What language(s) is/are spoken in your home?				
4. Person completing this form (if other than parent/guardian)				
Parent/Guardian Signature:Date				

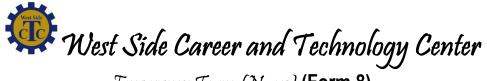
Emergency Information Record (Office) (Form 6)

Student Name Birthdate/ Age	_
Emergency contact Information	
Who shall be the contacts if parent/guardian cannot be reached? (persons listed should be easily reached during school hours)	
Name Relationship to Child	
Address	
Phone Numbers (Home) (Work) (Cell)	
Name Relationship to Child	-
Address	
Phone Numbers (Home) (Work) (Cell)	
Pick Up Rights (Please list any additional contacts that have the right to pick-up your child)	
Name Relationship to Child	
Address	
Phone Numbers (Home) (Work) (Cell)	
Name Relationship to Child	-
Address	
Phone Numbers (Home) (Work) (Cell)	
Name Relationship to Child (Last) (First)	-
Address Phone Numbers (Home) (Work) (Cell)	



Health History Form (Nurse) (Form 7)

Student Name					Bi	rthdate	/	/_	A	ge
Address:										
District of Residence: (select one) Dallas L Has your child been in goo	ake Lehman ONo		. 0	Wyom	ning Area	○ Wyom	ning Valle	y West	0	No
If No, please explain:										
Has your child had any of	the following in the p	ast yea	r?							
					YES	NO				
	Any illness lasting m	nore tha	an 3 dav		ILS	110				
	Any severe injuries			,						
	Any fractures or bro									
	Any time in hospital	l								
	Any operations									
	Any drugs or treatm	•	rescribe	ed						
	by a physician or cli	nic								
If Yes to any of the above	please explain:									
In the past year have you	noticed that your chil	d has a	ny of th	ne follo	wing probl	ems?				
		YES	NO						YES	NO
Trouble with eyes or see	ing	11.5	INO	Troul	nle keening	up with ac	tivities		ILS	110
Begun to wear glasses	6				ole with cla	•				
Begun to wear contact le	nses			Frequ	uent heada	ches				
Trouble with ears or hea	ring			Frequ	uent abdon	ninal/stoma	ach pain			
Trouble with allergies				Troul	ole with sch	nool				
Trouble with asthma or b					ole with far	•				
Trouble with eating or w	eight gain/loss					eneral deve	lopmen	t		
Trouble with sleeping				Emot	ional probl	ems				
If yes to any of the above please explain:										
1. Is your child under	the care of a physician/	clinic no	w?					1.	Ye	esNo
2. Has your child seen	a dentist in the last yea	ar?						2.	Ye	esNo
	nny immunizations in th							3.	Ye	esNo
4. Do you have any concerns regarding your child which you would like to discuss with the nurse? 4YesNo										
							1			
By my signature below, I give pe	ermission to share this info	ormation	with app	propriate	e staff when n	ecessary:				
Parent/Guardian Signature :	Parent/Guardian Signature : Date:									



Emergency Form (Nurse) (Form 8)

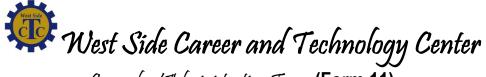
Student Name		Birthdate/	/Age
District of Residence: (select one)			
_ ` _′	Northwest Wyoming Are	ea Wyoming Valle	v West Other
	Does your child have a Court Order/Affid		
Grade Lab	YesNo Please submit copy in	1	
		. 103.	
Father's Name			
Phone Numbers (Home)	(Work)	(Cell)	
Mathar's Nama			
Mother's Name			
Phone Numbers (Home)	(Work)	(۲۵۱۱)	_
Frione Numbers (nome)	(WOIK)	(Cell)	· · · · · · · · · · · · · · · · · · ·
Name of persons	willing to assume responsibility in your abs	sence (during school hours)	
NAME			
Phone Numbers (Home)	(Work)	(Cell)	
NAME			
NAME			
Phone Numbers (Home)	(Work)	(Cell)	
I give the school permission to take my child	to the nearest hospital in case of serio	ous accident or illness	YesNo
Family Physician:	Hospital preferred by family _		
	Medical conditions (check all that ap		
<u>Diabetes:</u> YesNo	Epilepsy: Yes No	List Allergies:	
Medication:YesNo	Grand mal	List Allergies.	
Type of Medication	Petite mal		
	Seizures		
Heart Condition:YesNo			
congenital	Medication	List Special problems/Ro	estrictions:
organic		, ,	
innocent murmur	Asthma:YesNo		
Medication			
Restrictions	Medication	Does your child wear ar	ny appliances?
Requires Medication before dental care:			
,	Allergy to Drugs:		
YesNo	YesNo	Allergy to Bee Stings? _	YesNo
Is your child taking any medication daily:	(e.g.) penicillin, Aspirin	Reaction:Severe	Mild
Yes No	·	Medication needed	
Please List:		Special Instructions	
By my signature below, I give permission to share	this information with appropriate staff wh	nen necessary:	
Parent/Guardian Signature :		Date:	

Acceptable Use of the Internet Policy Page 1 (Form 9)

Student Name(Last)	(First)	Birthdate	/	_/	Age		
())	,,						
The computer and technology equipment at WSCTC is intended to further the educational program of the school by providing students and employees to online research and to use the technology present as an educational tool. Use of the school's technology is to be for these intended purposes only; any violation of the guidelines listed below will result in the loss of computer privileges and possible disciplinary action.							
	ELECTRONIC MAIL POLICY						
Email files are neither confidential nor private; West Side CTC reserves the right to examine files at its discretion. All mail sent includes your Username; you are responsible for any email sent from your logon.							
 You are entirely responsible for all activities conducted through your website account. It is therefore imperative that you keep your logon password secure. Attempts to read, delete, copy or modify the electronic mail of others is prohibited. 							
Forgery (or attempted forgery) of electron		itea.					
 Sending (or attempts to send) harassing, 	- ·	others is strictly prohi	bited.				
Attempting or assisting others in attempt		* *		ictly prohi	bited.		
	GENERAL COMPUTING POLICY						
Everyone will be issued a UserID to be used to access the school computer network. Everyone is responsible for any violations to the acceptable use policy which occurs under their logon. Sharing a UserID with any other person is prohibited. Any person found using a logon not his/her own may lose network privileges. Deletion, examination, copying or modification of files and/or data belongings to another user is prohibited Attempts to change your UserId, or circumvent network logon protocols are prohibited. Use of school facilities and/or services for any commercial or non-educational purposes is prohibited.							
	NETWORK SECURITY						
As a user of the school network, you may be allowed to access other computers on the network, therefore: Use of systems and/or networks in an attempt to gain unauthorized access to remote or local systems is prohibited. Decryption of system and/or user passwords is prohibited. The copying, modification and/or deletion of system files is prohibited. Any attempts to "crash" network systems or programs is a serious violation of the acceptable use policy. This would include "tampering" with system settings and/or the downloading or introduction of viruses.							
TERMS AND CONDITIONS							
These terms and conditions are governed by West Side CTC. The school administration reserves the right to modify these terms and conditions at any time without prior notification. These terms and conditions, along with the policies and procedures governing them, apply to all members of the West Side CTC school community.							
	SIGNATURE						
Employee or Student Name		_	Dat	e			
Employee or Parent/Guardian Signature	Employee or Parent/Guardian Signature Date						

Acceptable Use of the Internet Policy Page 2 (Form 10)

Student Name(Last)	(First)	Birthdate	/	_/	Age	
(LdSt)	(FIISt)					
	INTERNET USE					
It is essential for each user on the network to recognize his/her responsibility in having access to vast services, sites, systems and people. The user is ultimately responsible for his/her actions in accessing online services. • Use of the internet is restricted to accessing research and other educational materials directly related to the school curriculum. The Internet is not to be used for recreational, game playing or personal uses. • West Side CTC reserves the right to monitor and log all internet use. If it is found that a UserID has accessed a website which contains pornography, sexual material, illegal material/information or any other material contrary to the West Side CTC mission the User may lose all privileges and will be subject to further disciplinary action.						
	COMPUTER LAB USE					
 The use of the school computer labs and other technology areas (i.e. Library) is restricted to instructional, educational and research purposes only. The following rules apply at all times when using these computing areas: No food or drink is allowed at any computer workstations, at any time. All users must use their UserID to gain access to their computer, and must log off when they are done using the computer. Users may not modify and of the system settings or other software environments of the computers without permission. All work is to be saved in the individual's network folder. Users may not use flash drives, zip or other disks in the school computers without the prior permission of the instructor or supervisor. If, at any time, a user's computer should crash, malfunction or cease operating, the student should immediately notify the instructor or supervisor. 						
	TERMS AND CONDITIONS					
These terms and conditions are governed by West S any time without prior notification. These terms an West Side CTC school community.		_				
	SIGNATURE					
Employee or Student Name		-	Da	te		
Employee or Parent/Guardian Signature			Da	te		



Counselor/Administration Form (Form 11)

To Be Cor	mpleted by your (Guidance Counselor an	ıd/or Admin	istration	
Student Name(Last)		B (First)	irthdate	// Age	
Name of School the Student is currently enrolled in:					
Selection and Placement Criteria (P	lease base your e	valuation on the curren	nt school yea	ar)	
Grade Student is Currently Enrolled In:	Attendance: Excellent (0-4 Days) Average (5-10 Days) Below Average (11-20 Days) Habitual (21 or More Days)		Academic Achievement: Excellent (4.0 – 3.0) Good to Fair (2.9 – 2.0) Poor (Less than 2.0)		
Based upon my knowledge of this student's discipline, attendance, and academic achievement records I recommend the placement of this student to West Side Career and Technology Center.					
Student Status Regular Ed Individualized Education Plan (please include) So4 Plan (please include) Cyber School Current EL (please include) Please list any concerns or comments:		Current Math Course: General Math Pre – Alg Alg I Alg II Other			
PIMS Grade 9 Entry Date: (The date that the student entered 9 th grade for the 1 st time) **This date is not needed for students that are currently in 8 th grade, applying to attend WSCTC for 9 th grade**					
Signature of Counselor or Administration Printed Name of Counselor or Adm			Da	nte	