



Postsecondary Application Packet

Please return completed application to:

Putnam Career & Technical Center
PO Box 640
300 Roosevelt Blvd.
Eleanor, WV 25070

Our Vision: Start Here...

Our vision is to equip students with essential occupational skills.

Our Mission: ...Succeed Anywhere

Our mission is to produce career and college ready graduates who will thrive in the modern economy.

Title IX ADA 504 Notice: Putnam Career & Technical Center (PCTC) does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, disability, age, or marital status in any of its policies, procedures or practices as required by Title IX, Section 504, and ADA regulations. For inquiries concerning Title IX, please contact the Director of Personnel, at 304-586-0500 x1109. For inquiries concerning 504/ADA, please contact the Director of Exceptional Education, at 304-586-0500 x1111.

ADMISSION APPLICATION

General Instructions

1. All applicants must complete the admission application and specify the desired program. A copy of your high school transcript, high school diploma and/or TASC report of scores must be attached. All students should provide proof of current health/accidental insurance. Applications are submitted to the Counselor or Financial Aid Advisor.
2. Applicants may be required to take a pre-entrance assessment and meet the requirements for the desired program prior to registering for classes.
3. The application fee of \$30.00 (non-refundable) must be included for the application to be considered complete and cannot be waived. Incomplete applications will not be processed.

Please check that **ALL** of the following have been completed before submitting an application for enrollment. Make checks payable to PCTC.

- Application
- Application fee (\$30)
- Attendance Policy Agreement
- Diploma or TASC/GED
- Honesty Policy & Payment Agreement
- Proof of Insurance
- Release of Information Agreement (notarized)
- Release of Information Agreement to Parent/Guardian/Spouse (notarized)
- Safe Schools Agreement
- Shot Records (Health classes only)

Adult enrollment, which includes PCTC Institutional Scholarship recipients', is on a first come first serve basis and space availability.

Debbie Moore, Financial Aid extension 4406
Alysen Bryant, Counselor extension 4420

My purpose for enrolling here is primarily for personal reasons rather than to find employment Yes ___ No ___

Please Print

Student Name _____ Maiden Name _____ Enrollment Date _____

First Middle Last

Social Security # _____ Drivers License # _____

Address _____

Home Address

City

State

Zip

Check here if same as above

Address _____

Mailing Address

City

State

Zip

Phone Number _____ Cell Number _____

Email _____

Employer _____ Phone Number _____

Type of Insurance _____ Policy Number _____

Are you a US citizen? _____ yes _____ no

Marital Status (Optional) _____ Single _____ Married _____ Divorced / Separated _____ Widowed

Please indicate if you graduated from a high school or TASC, as well as the year and school in which you graduated:

_____ High School _____ TASC/GED _____ Year obtained

(Name of school or location)

Emergency Information

1st Emergency Contact: _____

First

Last Name

Relationship to student _____ Phone Numbers _____

Email _____

Address _____

Mailing address

City

State

Zip

2nd Emergency Contact: _____

First

Last Name

Relationship to student _____ Phone Numbers _____

Email _____

Address _____

Mailing address

City

State

Zip

Do you currently have a postsecondary degree? ____yes ____no If yes, what area is your degree in? _____

List other colleges, training schools or programs that you have attended on a postsecondary level:

School_____ Date attended_____

Address_____

Are you transferring credits / program requirements from another school? Y / N

If so, which school?

School_____ Date attended_____

Address_____

Check below the program you wish to attend.

___ Automotive Technology

___ Drafting—Architectural / Mechanical

___ Diesel Equipment

___ Electrical Technician

___ Carpentry

___ Graphic Design

___ CISCO Networking

___ HVAC Technician

___ Collision Repair

___ Masonry

___ Dental Assisting

___ Plumbing Technology

___ Dental Laboratory Technology

___ ProStart Restaurant Management

___ Welding

Have you taken any courses in the program you want to attend? _____ Yes _____ No

Do you wish to attend a half or full day?

(Program schedules vary and may only be available for half or full days only)

Please indicate agency or other program which may help finance your education at PCTC.

___ HEAPS

___ WIA

___ Pell

___ Worker's Compensation

___ Private/Self pay

___ WV Division Rehab

___ PCTC Institutional Scholarship

___ Other (please specify)_____

___ Veterans

Have you ever been incarcerated or convicted of a felony or misdemeanor crime? _____yes _____no

If yes,
explain_____

Students applying for financial aid at Putnam Career & Technical Center (PCTC) should be advised that they must abide by the satisfactory attendance and grade requirements set forth in the PCTC program handbook and course materials. Financial aid refunds will be made after the student's course costs have been satisfied. Your signature below indicates that you authorize Putnam Career & Technical Center permission to credit Pell Grant funds for tuition, fees, books, supplies, tests and any equipment and/or uniform purchases/rentals required for your course and for any and all other charges agreed to by you. Financial aid refunds may be withheld from students not meeting state requirements or individual budget schedules may be created.

Pell Grant funds will be disbursed at least twice during a program of study; funds will be credited to the student's account and a receipt will be issued to the student for the amount credited. YOUR SIGNATURE below also gives Putnam Career & Technical Center permission to budget ANY FINANCIAL AID funds received in excess of contracted course cost; individual budget schedules may be created.

YOUR SIGNATURE below also gives PCTC permission to give or obtain information, to or from, law enforcement of any level in regards to you and your enrollment at PCTC and/or Putnam County Schools. Putnam Career & Technical Center's refund and cancellation policy has been explained to me, as have the satisfactory academic progress requirements. I further understand that Putnam Career & Technical Center as well as Putnam County Schools operate a drug free school and work place.

I certify that all statements in this application are complete and true. I authorize Putnam Career & Technical Center to use this information for internal statistics and reporting purposes. I further understand that any willful misrepresentation of information given in this application may be grounds for denial of my admission or dismissal.

I CERTIFY THAT THE AFOREMENTIONED APPLICATION INFORMATION IS TRUE AND COMPLETE, AND UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF INFORMATION IN THIS APPLICATION MAY BE GROUNDS FOR DENIAL OF ADMISSION OR ENROLLMENT DISMISSAL.

Signature of Student

Date of Application

Title IX ADA 504 Notice

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PCTC STUDENT ATTENDANCE POLICY INFORMATION & AGREEMENT

It is very difficult for students to make up work they have missed in a vocational/technical program. Good attendance is a key factor in a student's achievement and is also a key factor in getting a job. Employers who call us for references always ask for the attendance record. They know that applicants who have been dependable in school attendance will be dependable in work attendance. You owe it to yourself and to the school to attend regularly.

Students with disabilities or chronic medical conditions that might interfere with their ability to meet attendance requirements (including arriving late and leaving early) must present to the school, prior to or within one week of enrolling, a letter from their physician stating the following:

1. The disabling or chronic medical condition for which he/she is treating you.
2. A statement that even with treatment you may have difficulty meeting the attendance requirements.
3. A statement estimating the number of days in a 20 day school month your condition might require you to be absent or tardy.

Students who develop disabling or chronic medical conditions after they have started the program must present a letter from the diagnosing physician within five (5) business day of the condition being diagnosed.

The school administration, along with the program instructor, will then determine whether we can reasonably accommodate the absences. This may vary from program to program depending on the nature and/or sequencing of the instructional program.

In no case will a disability or chronic medical condition to be accepted as a basis for appeal of a termination due to excessive absences if the above requirements have not been met.

ATTENDANCE - STUDENT RESPONSIBILITY

Students should not rely on instructors, office staff, or school administrators to remind them to attend school. Students may receive attendance warnings from their instructors, office staff or school administrators. Such warnings may be verbal, electronic or be documented in writing. Students are to provide a legal or medical excuse the day they return to school following the absence.

ABSENCES

Students exceeding the allowed absences for a school year may have their enrollment terminated. "Allowed absences" is defined as 10% of your total anticipated enrollment for the school year. Students enrolled in the LPN program have a stricter attendance policy and may be absent no more than 7 days for the total length of the program. *When there is a difference between the PCTC handbook policies and individual program requirements, the program requirements will supersede the policies.*

A "day" is defined as the number of hours or blocks normally spent in class/clinical. If the class is normally in session full-time (six hours or four blocks per day), then any six hour or four block absence constitutes a "day" absent. If the class is normally in session part-time (three hours or two blocks per day) then any three hour or two block absence will constitute a "day" absent. Any time a student is not in class/clinical, he/she is considered absent. This includes being tardy, returning late from lunch, or leaving before the end of a class or clinical assignment. You will be considered tardy if you are less than 20 minutes late or leave early with less than 20 minutes of class time left. Tardy includes but is not limited to returning late from lunch, returning late from other activity or leaving before the end of class or clinicals. Being tardy on three occasions will equal an absence for one block. If you are more than 20 minutes late or leave early with more than 20 minutes of class time left you will be considered absent for that block. **You must sign in at the office if you arrive after 8:30 a.m. for the morning session or 12:30 p.m. for the afternoon session.**

In all classes, the student must make up seat or theory work missed (it is not possible to make up missed lab work and students will be graded accordingly). Teachers will allow students one day for each day absent to complete make up work. For example, if a student has missed two days of class, he/she will have two days after returning to school to complete all make up assignments. Students are not allowed to make up time missed by engaging in activities outside the normal curriculum (self-study, library days, etc.).

Students who miss more than their allowed number of days will be terminated.

Students are only permitted to leave Putnam Career & Technical Center property at scheduled breaks. If you must leave the school at a time other than the scheduled break, you must come to the office to sign out. If returning before the end of class, you must sign in at the office. Any time out of class other than scheduled breaks will be counted as time absent.

By signing below, I understand that good attendance and academic achievement are directly related; therefore, I must maintain good attendance. I also understand that I may be terminated if I miss more than the allowed 9 school days per enrollment period. I also understand and agree to the attendance/termination policy as described above.

Signature

Date

SAFE SCHOOLS ACT OF 1995

Under the Safe Schools Act of 1995, Putnam County Schools will have zero tolerance for inappropriate student behavior. Under no circumstances should a student:

- Threaten or intimidate an instructor or student
- Abuse a student or teacher through physical or verbal means
- Disobey a school employee
- Interfere with the educational process
- Use profane language with an instructor, other school employee, or fellow student
- Be involved in criminal conduct
- Posses an illegal drug

All instructors have the right to immediately remove students from the classroom if any student exhibits any of these behaviors. The school has the right to terminate adult students who exhibit any of these behaviors.

When students threaten the welfare of others, they lose their right to attend Putnam Career & Technical Center. Thus, students will be terminated for:

- Possession of a deadly weapon
- Assaulting an instructor or school employee
- Selling drugs
- Chronic disruptive behavior

I, _____ understand the Safe Schools Policy as described above and agree to abide by this Policy.

Signature

Date

Maintaining Satisfactory Progress

It is our belief that all adult students should set the example for the secondary students with whom you share this school. All adult students must maintain satisfactory progress. Which means maintain at least a "C" average and complete the course of study within 150% of the originally scheduled course hours. Failure to maintain satisfactory academic progress will result in a probationary period not to exceed one grade report. A student who fails to meet the terms of the probation will no longer be eligible for financial aid, and may be terminated from the course of study in which s/he is enrolled.

I, _____ understand the Maintaining Satisfactory Progress policy as described above and agree to abide by this policy.

Signature

Date

HONESTY POLICY

It is our belief that all adult students should set the example for the secondary students with whom you share this school. It is imperative that honesty be practiced in all academic and non-academic areas.

Any adult students caught cheating, lying, or stealing may be terminated upon completion of an investigation of the incident. We **MUST** maintain a proper, honest work ethic in order to be able to recommend a student for employment upon completion of a vocational program.

I, _____ understand the honesty policy as described above and agree to abide by this policy.

Signature

Date

SELF PAY STUDENTS

TUITION/FEES DUE DATE - Monthly payments for tuition/fees due date is determined by agreement between the student and the financial aid department. If your payment is not received within 7 days of the due date, you may be terminated from the program that you are enrolled in.

REFUND OF TUITION – You will only receive a refund for the remaining part of tuition paid. The date you notify the financial aid department is the day that you officially drop, **NOT THE DATE YOU STARTED MISSING CLASS!**

I, _____ understand the self pay policy as described above and agree to abide by this policy.

Signature

Date

PCTC INSTITUTIONAL SCHOLARSHIP

PCTC Institutional Scholarship (year immediately following high school/TASC) students may receive a scholarship for **tuition only, first year only; registration and all other fees will be the responsibility of the student.** To be eligible for the Institutional Scholarship you must:

- Graduated from High School or TASC program within the last 12 months
- Complete an application for the scholarship and receive notice from PCTC that the scholarship has been granted
- Complete the FAFSA (www.fafsa.gov)

To maintain the PCTC Institutional Scholarship (tuition free), you **MUST**:

- Maintain a “C” average
- Attend class regularly, abide by the attendance policy
- Be current on fees other than tuition (lab, supplies, books, etc.)

If you should receive a grade lower than a “C” or miss more than 4.5 unexcused days in a semester you may be terminated from your program and lose your tuition scholarship as a 13th year or TASC student.

I, _____ understand the conditions regarding the date that tuition is due and the refund of tuition. I also understand the above requirements for PCTC Institutional Scholarship students. Enrollment in classes is based on availability and date of application received in the financial aid office.

Signature

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

This is to authorize any physician, nurse, counselor, pharmacist, admissions, record clerk, or others to furnish the Putnam Career & Technical Center counseling, administrative staff or any representative thereof any information regarding appointments, attendance, test scores, academic records, progress reports, and employment verification.

This also authorizes Putnam Career & Technical Center Staff to furnish any agency listed below any information regarding appointments, attendance, test scores, academic records, and progress reports. Information which includes but is not limited to hire/termination dates, employer name & address, job description, beginning salary and employee rating.

- * ABE Adult Basic Education
- * Educational Institution
- * Adult Probation
- * Health and Human Resources
- * Vocational Rehabilitation
- * Pell Grant / Title IV Funds
- * Veteran's Administration
- * Worker's Compensation
- * Veteran's Administration Rehab
- * Workforce Investment Act
- * Other
- * Social Security Administration

I understand that I am voluntarily signing this authorization. This authorization will expire five years from the notarized date below. A copy of this authorization shall have the full force and effect as the original.

MUST BE SIGNED AND NOTARIZED (DO NOT SIGN UNLESS A NOTARY IS PRESENT)

Name (Print)

Signature

AUTHORIZATION FOR RELEASE OF INFORMATION- PARENT, GUARDIAN, SPOUSE

I, _____ do hereby authorize Putnam Career & Technical Center and any representative thereof to furnish _____, with any information, not limited to, but regarding progress reports, grades, attendance, health issues, financial information, etc., or as deemed necessary.

I understand that I am voluntarily signing this authorization. This authorization will expire two years from date and signature unless otherwise documented below.

MUST BE SIGNED AND NOTARIZED (DO NOT SIGN UNLESS A NOTARY IS PRESENT)

Name (Print)

Signature

STATE OF _____ COUNTY OF _____

Taken, subscribed and sworn to before me this the _____ day of _____, 20____

Notary Public _____ My commission expires: _____

Putnam Career & Technical Center Simulated Workplace Drug Testing Policy

In accordance with West Virginia Department of Education Policy 2520.13 and WV §126CSR42, all students enrolled at Putnam Career & Technical Center (PCTC) will participate in random drug testing as part of the Simulated Workplace initiative. All students are required to agree to the Simulated Workplace protocols as indicated on the PCTC Simulated Workplace application, prior to enrolling at PCTC.

In addition to required random testing, drug screening will also be required of any student involved in an accident that requires a report to be filed with the WV Board of Risk & Insurance Management (BRIM).

The use of oral swab drug testing allows PCTC to determine whether a student is intoxicated at the time of testing. Any student determined to be intoxicated at the time of testing will be removed from all safety sensitive areas in their respective shop/classroom, and will be sent home immediately. An appropriate person on the student's Emergency Card will be contacted to provide transportation home.

A student who has failed a drug test due to previous use but has not demonstrated evidence of being intoxicated at school may be permitted to continue participating in safety sensitive classroom and shop activities with the consent of the the program instructor and/or the school administrator.

Students failing a drug screen will undergo the following procedures:

1. A followup drug screen will occur in no less than 30 days from the failed test. Postsecondary students will have drug test results recorded in their student file.
2. Failure to successfully pass the retest (second drug screen) will require that students participate in counseling provided by the school and/or county. This may include meetings with school counselors, addiction counselors, job placement specialists, school administrators, members of local law enforcement, or other qualified professionals available to the school during school time. A followup drug screen will occur in no less than 30 days from the second failed test.
3. Failure of postsecondary students to successfully pass the third test **will result in dismissal** from the PCTC program.

PCTC reserves the right to drug test any student demonstrating reasonably suspicious behavior that could indicate intoxication (i.e. slurred speech, unusual motorskill problems, etc.).

I, _____ understand the conditions regarding the PCTC Drug Testing Policy. I also understand the above requirements for PCTC students. I will make a commitment to be drug free throughout my enrollment at PCTC and failure to do so may result in my dismissal from the PCTC Program.

Signature

Date



THE INFORMATION BELOW IS REQUESTED FOR FEDERAL REPORTING PURPOSES ONLY.

Name: _____
 First Middle Last Other/Maiden

Gender _____ Male _____ Female

Date of Birth Month _____ Day _____ Year _____

Ethnicity : Used for Federal and State reporting requirments, not used for admissions considerations. Please mark all responses that qualify .

Are you Hispanic/Latino? _____ Yes _____ No

- | | | |
|---|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Caucasian/ White | <input type="checkbox"/> Other | |

Native Language :

Used for Federal and state reporting requirments, not used for admissions considerations. Please mark all responses that qualify .

- | | | | | |
|----------------------------------|--|------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic Indian | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Creole |
| <input type="checkbox"/> Italian | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Hindi | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian | <input type="checkbox"/> Navajo |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog |
| | <input type="checkbox"/> Vietnamese | | | |

Medical Conditions and/or Medicines being taken : _____