



Parkway West Career & Technology Center

7101 Steubenville Pike, Oakdale PA 15071 (412) 923-1772. www.parkwaywest.org

Application for Student Admission

~ 2020-2021 ~

Student's First Name: _____ M.I. _____ Last Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Number: _____ School District: _____
 Date of Birth: _____ High School Name: _____
 Gender: M / F Ethnicity: _____

Father/Guardian
Name: _____
Email: _____
Preferred Phone #: _____

Mother/Guardian
Name: _____
Email: _____
Preferred Phone #: _____

IN CASE OF EMERGENCY CALL

Name: _____ Relationship: _____ Phone: _____
(The above information is used for permanent record information only upon the student's acceptance)

CAREER MAJORS

Indicate with a (1) your first choice and a (2) for your second choice

<input type="checkbox"/> Auto Body Repair	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Health Occupations Technology
<input type="checkbox"/> Automotive Technology	<input type="checkbox"/> Cyber Security & Network Technology	<input type="checkbox"/> Public Safety Technology
<input type="checkbox"/> Construction Cluster <i>Carpentry, Electrical Systems HVAC/R, Welding Technology</i>	<input type="checkbox"/> Diesel Technology	<input type="checkbox"/> Veterinary Assistant Technology
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Graphic Arts & Production Technology	<input type="checkbox"/> Sports Medicine & Rehab Therapy

CERTIFICATE PROGRAMS

<input type="checkbox"/> Nail Technician	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Phlebotomy Technician
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Permission is granted for my son/daughter to apply to Parkway West Career and Technology Center. Authorization is granted for the release of his/her school transcript and any other pertinent educational information.

To be completed by sending district official:		School Official Signature: _____	
PA Secure ID: _____		Grade level when entering PWCTC: _____	
IEP: YES <input type="checkbox"/> NO <input type="checkbox"/>	504: YES <input type="checkbox"/> NO <input type="checkbox"/>	ELL: YES <input type="checkbox"/> NO <input type="checkbox"/>	TRANSCRIPT: YES <input type="checkbox"/> NO <input type="checkbox"/>
Parkway Session: AM <input type="checkbox"/> PM <input type="checkbox"/>			

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

It is the policy of Parkway West CTC not to discriminate on the basis of race, sex, religion, color, national origin, handicap or limited English proficiency in its Educational Programs, Activities or Employment Policy as required by Title IX of the 1972 Educational Amendments, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the American Disabilities Act.