



**JEFF TECH**

576 Vo Tech Road Reynoldsville, PA 15851  
www.jefftech.edu 814-653-8265

**STUDENT APPLICATION**

**JEFF TECH use only**

Entry Date \_\_\_\_\_  
Shop \_\_\_\_\_

Application Date: \_\_\_\_\_

**NOTE: Please Print Legibly**

LEGAL NAME \_\_\_\_\_  
LAST FIRST MIDDLE  
ADDRESS \_\_\_\_\_  
MAILING ADDRESS - - STREET, PO BOX, ETC. (Primary Address)  
( )  
TOWN STATE ZIP PHONE NUMBER

Grade Enrolling Into At Jeff Tech \_\_\_\_\_

**School District** (check one)

Birth Date \_\_\_\_\_ Place of Birth: City: \_\_\_\_\_

\_\_\_\_\_ Brockway

Male \_\_\_\_\_ Female \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ Brookville

County Residing In:

\_\_\_\_\_ DuBois

Check If Enrolled At Jeff Tech Previously \_\_\_\_\_

\_\_\_\_\_ Punxsutawney

**Previous School:** \_\_\_\_\_

**PLEASE WRITE "1" IN THE SPACE NEXT TO THE NAME BELOW TO INDICATE YOUR FIRST SHOP CHOICE:**  
If you would like to attend another shop in the event your choice has no openings, please put a "2" beside the second shop of your choice.

_____ Advanced Manufacturing	_____ Cosmetology	_____ Electrical Construction
_____ Automotive Collision Repair Technology	_____ Culinary Arts	_____ Engineering Technologies
_____ Automotive Technology	_____ Computer Technology	_____ Health Assisting
_____ Building Trades	_____ Digital Media Arts	_____ Heating, Ventilation, Air Conditioning/ Refrigeration
	_____ Diesel Mechanics and Heavy Equipment	_____ Welding/Metal Fabrication Technology

**LEGAL FEMALE GUARDIAN (Person who has legal custody)**

(Circle One) Mother Stepmother Grandmother Foster Mother Sister Aunt

**PRIMARY CONTACT:** ☐ YES ☐ NO **IS THE STUDENT LIVING WITH YOU?** ☐ YES ☐ NO

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP

ADDRESS \_\_\_\_\_  
PHYSICAL ADDRESS

PRIORITY: \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

PRIORITY: \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

PRIORITY: \_\_\_\_\_ EMPLOYER'S PHONE ( ) \_\_\_\_\_

(Enter a number 1 - 3)

EMPLOYER'S NAME \_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS \_\_\_\_\_

LEGAL MALE GUARDIAN (Person who has legal custody)

(Circle One) Father Stepfather Grandfather Foster Father Brother Uncle

PRIMARY CONTACT: YES NO IS THE STUDENT LIVING WITH YOU? YES NO

NAME LAST FIRST MIDDLE  
ADDRESS MAILING ADDRESS CITY STATE ZIP  
ADDRESS PHYSICAL ADDRESS

PRIORITY: CELL PHONE ( )

PRIORITY: HOME PHONE ( )

PRIORITY: EMPLOYER'S PHONE ( )  
(Enter a number 1 - 3)

EMPLOYER'S NAME

PARENT/GUARDIAN EMAIL ADDRESS

PLEASE LIST ANY CUSTODY LIMITATIONS

(Attach legal documentation indicating such limitations)

WHO DOES STUDENT RESIDE WITH PRIMARILY:

DEMOGRAPHIC INFORMATION (Please be sure to answer both questions)

<ul style="list-style-type: none"><li>Hispanic/Latino Yes No</li><li>Please enter a valid race or ethnicity code: _____</li></ul>	<p><b>Valid Code Values:</b> Select one and enter in the provided field to the left.</p> <p>1-American India/Alaskan Native 3-Black or African American 4-Hispanic (any race) 5-White 6-Multi-Racial 9-Asian 10-Native Hawaiian or other Pacific Islander</p>
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Does the student have a "military parent" who is serving full time in the United States Army, Navy, Air Force, Marines or Coast Guard or a deployed member of the National Guard or Reserves of one of the five listed branches? \*The parent is considered a "military parent" of a student if they are the parent, step parent or legal guardian with full or partial physical custody and with whom the child resides when they are not deployed.

NO  
YES Military Branch: Date Active Duty Began:

## **EMERGENCY INFORMATION**

NAME OF EMERGENCY CONTACT PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
(other than legal guardian)  
ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
TOWN STATE ZIP AREA CODE PHONE NUMBER

IS THE EMERGENCY PERSON PERMITTED TO TRANSPORT STUDENT? YES NO

NAME OF EMERGENCY CONTACT PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
(other than legal guardian)  
ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
TOWN STATE ZIP AREA CODE PHONE NUMBER

IS THE EMERGENCY PERSON PERMITTED TO TRANSPORT STUDENT? YES NO

DOCTOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
TOWN STATE ZIP AREA CODE PHONE NUMBER

### **NOTE:**

**A student, after applying and being accepted at Jeff Tech, must provide written notification signed by parents or guardians, to the high school by August 1, that he/she has changed the decision to attend Jeff Tech. Failure to follow this procedure may result in the student being required to attend Jeff Tech until the end of the first semester (2<sup>d</sup> nine-week period) before withdrawal is accepted.** A waiver may be granted in extenuating circumstances as determined by the administration. Jeff Tech acceptance is contingent upon satisfactory completion of 8<sup>th</sup> grade and submission of a complete application.

The information given above represents my request for admittance to Jeff Tech. I understand all effort will be made to consider me. I will be counseled further if necessary. *By signing this application, I acknowledge the responsibility to make myself aware of and agree to abide by the rules and regulations of Jeff Tech which, by nature of its training, emphasizes safety to equipment and personnel.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S APPROVAL SIGNATURE

## **THE SCHOOL OF CHOICE**

Jeff Tech 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. For information regarding civil rights or grievance procedures, contact our Title IX Coordinator at 814-653-8265 ext. 117 or shasselman@jefftech.edu. Additional information can be found at the Title IX page of the Jeff Tech website at [www.JeffTech.info](http://www.JeffTech.info).