

Application for CAREER ACADEMIES



Please indicate which academy you are applying to (select one):

- Marine Academy of Technology and Environmental Science
- Performing Arts Academy (Please indicate preferred discipline)
 - Acting
 - Vocal Music
 - Dance
 - Audio Engineering
- Academy of Law and Public Safety

Student Last Name			First Name			Middle Initial			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mailing Address - Street / PO										
City			State			Zip Code				
Student's Date of Birth		Age	City of Birth		County of Birth		State of Birth		Country of Birth	
Parent's Home Phone Number (include area code)						Parent's Email Address				
<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	Name		Business Phone (include area code)			Cell Phone (include area code)			
<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	Name		Business Phone (include area code)			Cell Phone (include area code)			
Primary Language spoken at home? _____										
Military Affiliation: Please select one of the following:										
<input type="checkbox"/> Student is <u>Not Military Connected</u>										
<input type="checkbox"/> <u>Active Duty</u> - Student is a dependent of a member of the Active Duty forces (full-time): Army, Navy, Marine Corps, Coast Guard.										
<input type="checkbox"/> <u>National Guard or Reserve</u> - Student is a dependent of a member of the National Guard or Reserve.										
How did you hear about OCVTS? <input type="checkbox"/> School Presentation <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Social Media <input type="checkbox"/> Other										

School Publicity Release: I understand that my child may occasionally be the subject of individual or group photographs or videos taken in his/her career area. I approve the use of my child's image in various media including, but not limited to newspapers, television and electronic media to be used in the promotion of programs at Ocean County Vocational Technical School.

By signing below, I accept the above agreement and agree to abide by all school policies, safety rules and procedures.

Print Name - Check One Parent Guardian _____ Parent Signature _____ Date _____

Print Student Name _____ Student Signature _____ Date _____

N.J.A.C. 6:3-2.2 allows educational, occupational, and military personnel access to school information. If you do not want this information shared, please initial here. _____



SURVEY IN COMPLIANCE WITH AFFIRMATIVE ACTION PROGRAM (OPTIONAL)		
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Native American or Alaskan
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> No Response

ALL REQUESTED INFORMATION MUST BE PROVIDED.
IF THIS APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO THE APPLICANT.
APPLICATIONS MUST BE POSTMARKED BY DECEMBER 11. SUBMIT COMPLETED APPLICATION TO:
OCVTS CAREER ACADEMY ADMISSION, 131 BEY LEA ROAD TOMS RIVER, NJ 08753

Guidance Information

OFFICIAL RECORDS MUST ACCOMPANY THIS APPLICATION

The following must be included with completed application:

- Copies of Grades (7th Grade Final and 8th Grade First Marking Period)
- Copy of IEP/504, if applicable (For Testing Accommodations)

NOTE: Before this application can be processed, the following information MUST BE COMPLETED by the school counselor or principal. This application will not be accepted if not complete and the records are not included.

Do Not State "Refer to Records!"

Student Name _____

Current School Attending _____ Current Grade _____ As of (Date) _____

Student's Public Resident District _____ Student's High School District _____

NJS Student Number _____

PLEASE INDICATE ANY CLASSES TAKEN AT HONORS LEVEL

SUBJECT	GRADE 7 (Final Grades) Number/Letter Grade	GRADE 8 (First Marking Period) Number/Letter Grade
English/Language Arts		
Mathematics		
Social Studies		
Science		
AVERAGE (OCVTS ONLY)		

ATTENDANCE (Days Absent) Attendance information must be included.

GRADE 7	GRADE 8 (1MP)

Signature of Guidance Counselor _____

Date _____

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL

Student Essay

*APPLICANT: Please use this space to briefly describe why you would like to attend this school.
Essay can be typed on separate page and attached.*

Student Signature

Date

Performing Arts Academy Applicants:

Please briefly describe training and experience you have in your preferred discipline of study.

OCEAN COUNTY VOCATIONAL TECHNICAL SCHOOL

Medical Information

Student Last Name _____

First Name _____

Please complete the following medical summary for your child's medical file, including any existing condition by marking the appropriate boxes below. Explain any of the conditions in the explanation fields below. All information is confidential and will not in any way affect admission to OCVTS, as per section 504 of the rehabilitation Act of 1973.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Contacts | <input type="checkbox"/> Learning Disability (Specify) | <input type="checkbox"/> Muscle Disorder (Specify) |
| <input type="checkbox"/> Allergies (Specify) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Nerve Disorder (Specify) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Drug Allergy (Specify) | <input type="checkbox"/> Excessive Bruising | <input type="checkbox"/> Physical Handicap (Specify) |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Eating Disorder (Specify) | <input type="checkbox"/> Glasses | <input type="checkbox"/> Respiratory Problems (Specify) |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Vision problems (Specify) |
| <input type="checkbox"/> Color Blind | <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> Heart Problems (Specify) | |
| <input type="checkbox"/> Other _____ | | | |

Explain Checked Areas Here: _____

If your child takes any medication on a regular basis, please list medication name(s) below.*

MEDICATION NAME	EXPLAIN REASON FOR MEDICATION

** If it is necessary for your child to take any medication to school, it must be brought to the School Nurse by a parent, guardian or adult designee. No student is allowed to carry prescription or non-prescription medication on their person unless it has been approved by a Licensed physician, the School Nurse, all paperwork has been completed and said paperwork is on file at the school. Any authorized medications will be held at the Ocean County Vocational Technical School for parent, guardian or adult designee to pick up.*

It is the mission of the Ocean County Vocational Technical School system to prepare students for job placement or further education leading to successful employment. We develop partnerships with affiliated schools, parents, business, industry and community agencies to create and deliver opportunities for students to participate in quality occupational programs and support services. These programs and services are designed to meet the needs of high school students and adult learners, as well as the requirements of employers, colleges, technical schools and the community. All students will achieve the New Jersey Core Curriculum Standards at all grade levels. Our most important products are our quality graduates and our most important service is to provide them with skills for a lifetime. We measure our success by: enrollment in our programs; student attainment of marketable occupational skills; graduates capable and desirous of life-long learning; employer and graduate satisfaction; cost effectiveness of our total system; achievement of our graduates; and organizational and individual recognition and awards received.

It is the policy of the Board of Education of Ocean County Vocational Technical School not to discriminate in its technical programs, vocational opportunities, activities, employment practices or admission policies and practices on the basis of race, color, creed, religion, sex, ancestry, national origin, affectional and sexual orientation, disability or social or economic status. Lack of English language skills will not be a deterrent to admission to any program at Ocean County Vocational Technical School. Inquiries regarding affirmative action, discrimination (including Federal Title IX requirements), sexual harassment or equity should be directed to:
 Nancy Weber-Loeffert, Title IX/Affirmative Action Office, 732.240.6414 (ext. 3332)
 Thomas McInerney, Federal Section 504 Officer, 732.286.5660 (ext. 3412)
 Kevin Dineen, Americans with Disabilities Officer, 732.473.3100 (ext. 3123)

We are an Equal Opportunity Employer and Educator who fully and actively supports equal access for all people regardless of race, color, religion, gender, age, national origin, veterans status, disability, genetic information or testing, family and medical leave, sexual orientation and gender identification and expression. We prohibit retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or practice in the investigation of any complaint, or otherwise oppose discrimination.

Academy Admissions Office
732.473.3100 x3065
 Visit our website at www.ocvts.org



Commission on Secondary Schools
 Middle States Association