



Greater Johnstown Career and Technology Center Student Admission Application



Name: _____ SS#: XXX - XX - _____ Birth date: ____ / ____ / ____
 Address: _____ City: _____ State: ____ Zip Code: _____
 Home Phone: _____ Grade: _____ Year of Graduation: _____ IEP: YES ____ NO ____
 School District: _____ Parent/Guardian: _____

Career and Technical Course Offerings

Please indicate your areas of interest by: First Choice (1), Second Choice (2), etc.
 Indicate only courses that you would want to accept for training.

All programs follow the Program of Study or competency-based format required by the PA Department of Education.

Courses Available to Sophomores, Juniors, and Seniors

____ Automotive Technology	____ Collision Repair	____ Construction Technology	____ Cosmetology
____ Culinary Arts	____ Diesel Mechanics	____ Early Childhood Education	____ Graphic Design
____ Health Assistant	____ Laboratory Technician	____ Machine Tool Technology	____ Welding

"The Greater Johnstown Career and Technology Center affirms that all employment practices will be done in adherence to Title IX of the Educational Amendments of 1972, Title IV and VII of the Civil Rights Act of 1953 and Section 504 of the Rehabilitation Act of 1973. We further affirm that all curriculum offerings and student enrollment practices will be handled without discrimination based on sex, age, race, color, religion, national origin, or non-job related handicaps or disabilities." Inquiries should be directed to the: Administrative Director, Title IX Coordinator and Section 504 Coordinator at the Greater Johnstown Career and Technology Center, 445 Schoolhouse Road, Johnstown, PA 15904-2998. Phone: (814) 266-6073.

I hereby make application for training as indicated above. If accepted, I will give my best efforts so that I may profit from this specialized type of education.

I further understand that my program of studies will include required and training-related subjects. Thus, upon successful completion of my major course selection, I will be eligible for my Proficiency Training Certificate, and may extend my learning experiences beyond the 12th grade.

The student and parent hereby authorize home school personnel to supply information to the Greater Johnstown Career and Technology Center in support of the application.

Student's Signature: _____ Date: ____ / ____ / ____

I have reviewed the course descriptions with my child and desire to have him or her take advantage of this type of education.

Parent/Guardian's Signature _____ Date: ____ / ____ / ____

Mission Statement

Ensure Student Success

Please submit application to: GJCTC- High School Admission, 445 Schoolhouse Rd., Johnstown, PA 15904

Or return this application to your school counselor for further processing.