



Stafford Technical Center Application

**2018-
2019**
School Year

8 Stratton Road
Rutland, VT 05701
(802) 770-1033

Explore Your Possibilities

Name _____
Mailing Address _____
City/St _____ **Zip** _____
Physical Address _____
City/St _____ **Zip** _____

Legal Town of Residence
High School _____ **Current Grade** _____
DOB: ____/____/____ **Gender:** M F
Adult Student:
Student Cell Phone (____) _____
Student E-Mail _____

TECHNICAL PROGRAM:

1st Choice _____

2nd Choice _____
(not required)

Student: **New** **Returning 2nd Year** **Same Program**
Returning 3rd Year **OR Different Program**

***Additional essay** required for Digital Arts.

For scheduling purposes: Does the student have transportation available other than school bus?
Yes (self), (parent), (other _____) **No**

1. Parent/Guardian: _____ **Relationship:** _____
Address(if different from above) _____ **Zip** _____
Home Telephone (____) _____ **Work Telephone** (____) _____
Cell Phone (____) _____ **Email** _____

2. Parent/Guardian: _____ **Relationship:** _____
Address(if different from above) _____ **Zip** _____
Home Telephone (____) _____ **Work Telephone** (____) _____
Cell Phone (____) _____ **Email** _____

Signature of Student **Date**

Signature of Parent/Guardian **Date**

Guidance Counselor Signature _____ **Date** _____

By signing this application, all parties agree that the student meets the prerequisite requirements as described in the ***STC Entry Requirements*** for the program to which he/she is applying or that a reasonable plan to meet the prerequisites has been developed with the Stafford Technical Center instructor and staff.

How did you learn about the programs offered at Stafford Technical Center?

(please CHECK ALL that apply)

- STC Roadshow
- STC 10th grade tour
- STC 8th grade tour
- STC Summer Camps
- Guidance Counselor
- Student/Friend/Family
- PEG TV/Stafford Report
- STC Brochure (spring mailing)
- STC Open House
- Newspaper
- TV
- Radio
- Website or Facebook
- Other _____

Why do you want to attend Stafford Technical Center and study the program that you have chosen?

EDUCATIONAL INFORMATION (must be completed by Guidance Counselor)

Sending School Guidance Counselor: _____ Phone No. _____

PLEASE LIST ACADEMIC COURSES NEEDED DURING THE 2018-19 SCHOOL YEAR.

Course(s)	STC	Home High School	Credits

Is there additional information we should know in order to help the student be successful?

Please include a copy of the following (or as soon as possible):

- **Transcript and report card**
- **Credit Analysis - 4 year plan and PLP**
- **Attendance Records**
- **Any other pertinent Information**

APPLICATION CANNOT BE PROCESSED WITHOUT A TRANSCRIPT AND REPORT CARD

Special Scheduling Considerations: _____

Transportation Considerations: _____

For more information on any of the programs call the Guidance Coordinator at the Stafford Technical Center, 770-1033.

NOTICE of Non-discrimination

The Stafford Technical Center is committed to ensuring a working and learning environment that is free from unlawful discrimination. No student or employee will be denied access to, excluded from participation in, denied the benefits of, or subjected to discrimination under any of the Center’s educational programs or activities due to race, color, national origin, sex, disability, religion, sexual orientation, gender identity, age, and marital status..The following person has been designated to handle inquiries regarding the non-discrimination policies: Eloise McGarry, Director of Support Services, 6 Church Street, Rutland, Vermont 05701