



Stafford Technical Center Application

**2016-
2017**
School Year

8 Stratton Road
Rutland, VT 05701
(802) 770-1050

Explore Your Possibilities

Name _____

Mailing Address _____

_____ Zip _____

Physical Address _____

_____ Zip _____

Legal Town of Residence _____
High School _____ Current Grade _____

Town of Residence _____

DOB: ____/____/____ Gender: M F

Adult Student:

Student Cell Phone (____) _____

Student E-Mail _____

TECHNICAL PROGRAM:

1st Choice _____

2nd Choice _____

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 _____, _____ Zip _____

Home Telephone (____) _____ Work Telephone (____) _____

Cell Phone (____) _____ Email _____

2. Parent/Guardian: _____ Relationship: _____

Address _____, _____ 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
- TV Ads
- Newspaper/TV articles
- STC Brochure (spring mailing)
- STC Open House
- Newspaper Ads
- Radio Ads
- Website or Facebook
- Other _____

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

EDUCATIONAL INFORMATION (to be completed by Guidance Counselor)

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

Sending School Guidance Counselor: _____ **Phone No.** _____

PLEASE LIST ACADEMIC COURSES NEEDED DURING THE 2016-2017 SCHOOL YEAR.

Course(s)	STC	Home High School	Credits

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

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

Health Records (Must be sent after notification of acceptance.)

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, 770-1050.

Student Access

In Accordance with Title VI of the Civil Rights Act of 1964, Title IX of Higher Education Act of 1972, Section 504 and the Americans with Disabilities Act, and the rules and regulations promulgated by the Secretary of Health, Education and Welfare, it is the policy of the Stafford Technical Center that no person, upon the basis of race, color, national origin, creed or faith, gender or age, sexual orientation or handicapping conditions and/or disability, shall be excluded from participation in, denied the privileges of, or be subjected to discrimination in any educational program or activity at the Center. Questions should be directed to Ellie McGarry, Director of Support Services, 6 Church Street, Rutland, VT 05701 or call 802-773-1900.