

LEVITTOWN PUBLIC SCHOOLS
GERALD R. CLAPS CAREER & TECHNICAL CENTER
 SEND APPLICATION TO: GC TECH, 150 ABBEY LANE, LEVITTOWN, NY 11756
 GCTECH@LEVITOWNSCHOOLS.COM

PHONE 516 434 - 7115 FAX 516 861- 4408

STUDENT ENROLLMENT FORM

CURRENT COURSE OFFERINGS- *Please refer to our course brochures for detailed information regarding our programs.*

AUTOMOTIVE TECHNOLOGY	ELECTRICAL TECHNOLOGY
COMPUTER ANIMATION	GRAPHIC DESIGN & COMMUNICATIONS
COSMETOLOGY	MEDICAL ASSISTING
CULINARY ARTS	POLICE SCIENCE/EMERGENCY MANAGEMENT

Date of Application _____
Please indicate your course choices.
Many of our programs fill up quickly; we will try our best to accommodate your first choice. Placement is contingent upon review of all application materials by our placement committee.

_____ First Program Choice _____ Second Program Choice

The Levittown School District hereby advises students, parents, employees, and the general public that it offers employment and educational opportunities without regard to sex, race, color, marital status, weight, sexual orientation, national origin or disability.

STUDENT & PARENT/ GUARDIAN INFORMATION

STUDENT'S LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH
HOUSE #	STREET NAME, APT #	CITY/TOWN	ZIP
GUARDIAN/PARENT NAME	HOME PHONE NUMBER	PARENT CELL NUMBER	

PARENT E-MAIL

HOME HIGH SCHOOL INFORMATION

HOME HIGH SCHOOL	DISTRICT	HOME SCHOOL COUNSELOR	GUIDANCE PHONE #
GRADUATION DATE	ANTICIPATED DIPLOMA: REGENTS/LOCAL/CDOS		

Has this student taken a Vocational Assessment? (circle one) **YES** **NO**
 If Yes, please attach and indicate what type and when.

Date of Assessment _____

Type of Assessment _____

Please note that students will receive Technical Writing (English 12) and 3rd year Mathematics instruction as part of their CTE program. Students who enroll for only one year will not qualify for academic credit. Students who meet requirements for a CTE endorsed High School diploma will be notified.

OVER

Please indicate if student has any medical conditions. If Yes, please specify. _____

Please indicate if student is taking any medication. If Yes, please specify _____

Please indicate if student has any allergies. If Yes, please specify _____

Does this student receive (circle one) Free Lunch Reduced Lunch

Has this student ever been classified by the CSE? YES NO

If classified, does the student have a modified curriculum? YES NO

Does this student have any physical limitations? YES NO

Please note any other pertinent information about this student below or contact Dr. Chris Fives at 516 434-7115.

GC Tech is required to provide all testing and instructional modifications as indicated by the student's IEP, 504 Plan or BIP. Please submit the most recent of these documents and please send updates as necessary. GC Tech programs fill up quickly. It is best to send all required paperwork as soon as possible.

Home School Application Check List

Please check items enclosed. If the item is not enclosed please indicate the date it will be sent or write n/a if not applicable.

Copy of the IEP _____

Psychological report _____

BIP _____

504 Plan _____

Transcript _____

Health Records _____

Transition Plan _____

**SEND ENTIRE APPLICATION PACKET TO:
LEVITTOWN PUBLIC SCHOOLS
LEVITTOWN MEMORIAL EDUCATION CENTER
GC TECH
150 ABBEY LANE
LEVITTOWN, NEW YORK 11756
OR SCAN AND EMAIL TO
GCTECH@LEVITTOWNSCHOOLS.COM**

SIGNATURES (REQUIRED)

Parent/Guardian

Home School Counselor

Home School Nurse

Home School Official (Administrator)