

ADMISSIONS FORM

Application Date: BAVTS ID#:

Applying for School Year:

Student Name:

FIRST MIDDLE INITIAL LAST

Middle School:

High School: High School ID#:

District: Current Grade: Year of Graduation:

Home Address:

STREET CITY STATE ZIP CODE



Home Phone#: Unlisted? Yes No

Social Security #: Birthdate: Sex:  Male  Female

Please check appropriate box. (*This is optional - to be used for demographic purposes only.*)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Amer. Indian/ Alaskan Nat. |  Black (Non-Hispanic) |  White (Non-Hispanic) |
|  |  Asian Pacific/Islander |  Latino/Hispanic |  Other |

**ADMISSIONS POLICY**

No admission procedure will violate legislation or regulation intended to protect the rights of any individual.

Students with disabilities who have individualized educational programs (IEP’s) developed under Section (614) (A) (5) of the Education of the Handicapped Act, shall, with respect to vocational-technical education programs, be afforded the rights and protection guaranteed such students under Section 612, 614, and 615 of such Act.

A completed admissions form is required for all students requesting admission to Bethlehem Area Vocational-Technical School. Following the career exploration, admission to a specific vocational-technical program will be determined by overall grade,

completed essay, Instructor approval and classroom availability.

**ADMISSIONS PROCEDURE**

Students who request admission to the Fast Track program at BAVTS will compete for entry. A rating

for each student will be developed based upon a combination of grades, attendance, discipline and completion of the Admissions Form. ***The BAVTS Fast Track program is a competitive program, with maximum of 20 seats per block.***

**GRIEVANCE PROCEDURES**

The Bethlehem Area Vocational-Technical School has a grievance process in place, for a copy please call

the Director's office at 610-866-8013.

**FAMILY INFORMATION**

Primary Contact: Relationship: Address: City: State: Zip Code:

Cell Phone: E-Mail Address:

Home Phone: Work Phone: Ext.

**Parent Signature:** Date:

AdditionalContact: Address: City: State: Zip Code:

Cell Phone: E-Mail Address:

Home Phone: Work Phone: Ext.

**Parent Signature:** Date:

**For Office Use Only**

Guidance Counselor Signature

|  |  |  |
| --- | --- | --- |
| **STUDENT INFORMATION** | | |
|  | Yes | No |
| **Demographic Info.:** |  |  |
| **Transcript included:** |  |  |
| **IEP Student: \*** |  |  |
| **\* If yes, IEP must be attached.** | | |

Date

Bethlehem Area Vocational-Technical School endorses the principle of equal education and employment opportunities for all people and does not discriminate on the basis of race, color, sex, religion, national origin, age, or non-relat-

ed handicap or disability. **Direct inquiries may be made to Mr. Adam Lazarchak**, Title IX Coordinator/Section 504

Coordinator, 3300 Chester Avenue, Bethlehem, PA 18020-2895. Telephone **(610) 866-8013**.

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[www.bethlehemavts.org](http://www.bethlehemavts.org/) • 610-866-8013