

BUILDING CAREERS ONE STUDENT AT A TIME



Welcome to

West Side Career and Technology Center

75 Evans St . Kingston, PA 18704 . 570-288-8493

STUDENT REGISTRATION PACKET

Student Name _____ Sending District _____
(Last) (First)

A complete registration packet consists of the following information:

This Checklist must be completed by the parent/guardian and the Sending School District, it will then be reviewed and signed by the WSTC Guidance Department for approval. If anything is missing the application will not be accepted.

PARENT/STUDENT RESPONSIBILITIES:

- Completed Student Registration Form (**Form 1**)
- Completed Parent/Guardian Form (**Form 2**)
- Completed Course Selection Form (**Form 3**)
- Completed Sworn Statement Form (**Form 4**)
- Completed Home Language Survey Form (**Form 5**)
- Completed Emergency Information Record (office) (**Form 6**)
- Completed Health History Form (nurse) (**Form 7**)
- Completed Emergency Form (nurse) (**Form 8**)
- Completed Acceptable Use of the Internet policy (page 1 & page 2) (**Form 9 & 10**)

Counselor/Sending School District Responsibilities:

- Completed Counselor/Administrator Form (**Form 11**)
- Student Transcript
- Immunization record
- Copy of current IEP
- Copy of Plan 504
- Appropriate PSSA/Keystone Scores
- Student Discipline Record – Current School Year
- Copy of Birth Certificate

Revised:03/25/2025

The West Side Career and Technology Center is an equal opportunity educational institution and will not discriminate on the basis of race, color, age, creed, religion, sex sexual orientation, ancestry, national origin, marital status, pregnancy or handicap/disability in its activities or programs as required by Title VI, Title IX and Section 504. For information regarding civil rights or grievance procedures, contact the Title IX Coordinator, 75 Evans St., Kingston, PA 18704, (570) 288-8493 or email, gpalfey@wsctc.net. For information regarding services, activities and facilities that are accessible to and usable by handicapped persons, contact the Section 504 Coordinator/Support Services Coordinator.



West Side Career and Technology Center

Student Registration Form (Form 1)

Student Biographical Information

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First) (Middle)

Gender: (optional)

- M
 F

Student Email Address:

Select Ethnicity:

- Hispanic
 Non-Hispanic

Race/Select all that apply: (optional)

- American Indian /Alaskan Native
 Asian
 Black/African American
 Native Hawaiian or Pacific Islander
 White

District of Residence: (select one)

- Dallas School District
 Lake Lehman School District
 Northwest School District
 Wyoming Area School District
 Wyoming Valley West School District

All Students must be registered with their District of Residence.

Is the student a U.S. Citizen?

Student's Place of Birth, if not USA please list the date the student moved to USA:

(City) (State)

Full Time Application

Part-Time Application

Student Address:

Daytime Phone Number: (_____) _____ Is this a cell phone? YES / NO

****This phone number will be used in the event of absences and/or emergencies****

Student Academic Data

Students Current Grade:

Grade Student is Enrolling in:

Year student started 9th grade:

Does student have siblings attending WSCTC? _____ Name of Last School Student attended: _____

Educational Services

Check ALL services that your child is currently receiving:

- IEP (Individualized Education Plan)
 ESL (English as a Second Language)
 Gifted Individualized Education Plan
 Speech/Language Support

- Section 504/Chapter 15 Service Agreement
 Other; please specify:

"West Side CTC is an Equal Opportunity Employer who fully and actively supports equal access for all people regardless of race, color, religion, gender, sexual orientation, age, national origin, veteran status, disability or genetic information and prohibits retaliation against individuals who oppose such discrimination and harassment or who participate in an equal opportunity investigation."



West Side Career and Technology Center

Parent /Guardian Form (Form 2)

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First)

Student Parent/Guardian Information

Student Lives With:

- Both Parents
- Mother
- Father
- Foster Parents
- Other _____

Is there a court order involving this student?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

If Yes, please provide a copy to the WSCTC school office. This information does not transfer from one school to another.

Adult Resident(s) with whom the student resides

Name _____
(Last) (First)

Relationship to Child _____ Is Parent Serving Active Military, Reserves or National Guard? _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Name _____
(Last) (First)

Relationship to Child _____ Is Parent Serving Active Military, Reserves or National Guard? _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Second Parent Information (Parent student DOES NOT live with)

Name _____
(Last) (First)

Relationship to Child _____ Is Parent Serving Active Military, Reserves or National Guard? _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Is this Parent to Receive Notices: Yes / No

Is this Parent to be contacted in case of Emergency: Yes / No

Second Parent Address: _____



West Side Career and Technology Center

Sworn Statement Form (Form 4)

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First)

Sworn Statement Pursuant to Section 1304-A of the Public School code of 1949 as Amended

The undersigned, being the parent/guardian, or person having control or charge of _____, a student about to enroll in the West Side Career and Technology Center, verifies that said student

<input type="checkbox"/> Was
<input type="checkbox"/> Was Not

Previously suspended or expelled from any public or private school of this Commonwealth or of any other state for an act or offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

I understand that any willful false statement made herein constitutes a misdemeanor of the third degree.

If student **was** suspended or expelled please provide a brief description of the incident(s) below:

Signature of Parent/Guardian

Date



West Side Career and Technology Center

Home Language Survey Form (Form 5)

The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient students. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners. Pennsylvania has selected The Home Language Survey as the method for the identification.

West Side Career and Technology Center

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First)

Date: _____

Grade (upon enrollment) _____

1. What was the student's first language?

2. Does the student speak a language other than English? If yes, please specify language (do not include languages learned in school)

- Yes
 No

Language: _____

3. What language(s) is/are spoken in your home?

4. Person completing this form (if other than parent/guardian)

Parent/Guardian Signature: _____ Date _____



West Side Career and Technology Center

Emergency Information Record (Office) (Form 6)

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First)

Emergency contact Information

Who shall be the contacts if parent/guardian cannot be reached? (persons listed should be easily reached during school hours)

Name _____ Relationship to Child _____
(Last) (First)

Address _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Name _____ Relationship to Child _____
(Last) (First)

Address _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Pick Up Rights (Please list any additional contacts that have the right to pick-up your child)

Name _____ Relationship to Child _____
(Last) (First)

Address _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Name _____ Relationship to Child _____
(Last) (First)

Address _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Name _____ Relationship to Child _____
(Last) (First)

Address _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____



West Side Career and Technology Center

Health History Form (Nurse) (Form 7)

Student Name _____ Birthdate ____/____/____ Age ____

Address: _____

District of Residence: (select one)

Dallas Lake Lehman Northwest Wyoming Area Wyoming Valley West

Has your child been in good health in the past year? Yes No

If No, please explain: _____

Has your child had any of the following in the past year?

	YES	NO
Any illness lasting more than 3 days		
Any severe injuries or accidents		
Any fractures or broken bones		
Any time in hospital		
Any operations		
Any drugs or treatments prescribed by a physician or clinic		

If Yes to any of the above please explain: _____

In the past year have you noticed that your child has any of the following problems?

	YES	NO		YES	NO
Trouble with eyes or seeing			Trouble keeping up with activities		
Begun to wear glasses			Trouble with class work		
Begun to wear contact lenses			Frequent headaches		
Trouble with ears or hearing			Frequent abdominal/stomach pain		
Trouble with allergies			Trouble with school		
Trouble with asthma or breathing			Trouble with family		
Trouble with eating or weight gain/loss			Problem with general development		
Trouble with sleeping			Emotional problems		

If yes to any of the above please explain: _____

1. Is your child under the care of a physician/clinic now?
2. Has your child seen a dentist in the last year?
3. Has your child had any immunizations in the past 2 years?
4. Do you have any concerns regarding your child which you would like to discuss with the nurse?

1. ___ Yes ___ No
2. ___ Yes ___ No
3. ___ Yes ___ No
4. ___ Yes ___ No

By my signature below, I give permission to share this information with appropriate staff when necessary:

Parent/Guardian Signature : _____

Date: _____



West Side Career and Technology Center

Emergency Form (Nurse) (Form 8)

Student Name _____ Birthdate ____/____/____ Age ____

District of Residence: (select one)

Dallas Lake Lehman Northwest Wyoming Area Wyoming Valley West Other

Grade ____ Lab _____

Does your child have a Court Order/Affidavit
____ Yes ____ No Please submit copy if Yes.

Home Phone : _____

Father's Name _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Mother's Name _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Name of persons willing to assume responsibility in your absence (during school hours)

NAME _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

NAME _____

Phone Numbers (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

I give the school permission to take my child to the nearest hospital in case of serious accident or illness. ____ Yes ____ No

Family Physician: _____ Hospital preferred by family _____

Medical conditions (check all that apply)

Diabetes: ____ Yes ____ No
Medication: ____ Yes ____ No
Type of Medication _____

Epilepsy: ____ Yes ____ No
Grand mal ____
Petite mal ____
Seizures ____
Medication _____

List Allergies:

Heart Condition: ____ Yes ____ No
____ congenital
____ organic
____ innocent murmur
Medication _____
Restrictions _____
Requires Medication before dental care:
____ Yes ____ No

Asthma: ____ Yes ____ No
Medication _____

List Special problems/Restrictions:

Is your child taking any medication daily:
____ Yes ____ No
Please List: _____

Allergy to Drugs:
____ Yes ____ No
(e.g.) penicillin, Aspirin

Does your child wear any appliances?

Allergy to Bee Stings? ____ Yes ____ No
Reaction: ____ Severe ____ Mild
Medication needed _____
Special Instructions _____

By my signature below, I give permission to share this information with appropriate staff when necessary:

Parent/Guardian Signature : _____

Date: _____



West Side Career and Technology Center

Acceptable Use of the Internet Policy Page 1 (Form 9)

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First)

The computer and technology equipment at WSCTC is intended to further the educational program of the school by providing students and employees to online research and to use the technology present as an educational tool. Use of the school's technology is to be for these intended purposes only; any violation of the guidelines listed below will result in the loss of computer privileges and possible disciplinary action.

ELECTRONIC MAIL POLICY

Email files are neither confidential nor private; West Side CTC reserves the right to examine files at its discretion. All mail sent includes your Username; you are responsible for any email sent from your logon.

- You are entirely responsible for all activities conducted through your website account. It is therefore imperative that you keep your logon password secure.
- Attempts to read, delete, copy or modify the electronic mail of others is prohibited.
- Forgery (or attempted forgery) of electronic mail messages is prohibited.
- Sending (or attempts to send) harassing, obscene and/or threatening Email to others is strictly prohibited.
- Attempting or assisting others in attempting to compromise the security or integrity of the WSCTC website is strictly prohibited.

GENERAL COMPUTING POLICY

Everyone will be issued a UserID to be used to access the school computer network. Everyone is responsible for any violations to the acceptable use policy which occurs under their logon.

- Sharing a UserID with any other person is prohibited. Any person found using a logon not his/her own may lose network privileges.
- Deletion, examination, copying or modification of files and/or data belongings to another user is prohibited
- Attempts to change your UserID, or circumvent network logon protocols are prohibited.
- Use of school facilities and/or services for any commercial or non-educational purposes is prohibited.

NETWORK SECURITY

As a user of the school network, you may be allowed to access other computers on the network, therefore:

- Use of systems and/or networks in an attempt to gain unauthorized access to remote or local systems is prohibited.
- Decryption of system and/or user passwords is prohibited.
- The copying, modification and/or deletion of system files is prohibited.
- Any attempts to "crash" network systems or programs is a serious violation of the acceptable use policy. This would include "tampering" with system settings and/or the downloading or introduction of viruses.

TERMS AND CONDITIONS

These terms and conditions are governed by West Side CTC. The school administration reserves the right to modify these terms and conditions at any time without prior notification. These terms and conditions, along with the policies and procedures governing them, apply to all members of the West Side CTC school community.

SIGNATURE

Employee or Student Name

Date

Employee or Parent/Guardian Signature

Date



West Side Career and Technology Center

Acceptable Use of the Internet Policy Page 2 (Form 10)

Student Name _____ Birthdate ____/____/____ Age ____
 (Last) (First)

INTERNET USE

It is essential for each user on the network to recognize his/her responsibility in having access to vast services, sites, systems and people. The user is ultimately responsible for his/her actions in accessing online services.

- Use of the internet is restricted to accessing research and other educational materials directly related to the school curriculum. The Internet is not to be used for recreational, game playing or personal uses.
- West Side CTC reserves the right to monitor and log all internet use. If it is found that a UserID has accessed a website which contains pornography, sexual material, illegal material/information or any other material contrary to the West Side CTC mission the User may lose all privileges and will be subject to further disciplinary action.

COMPUTER LAB USE

The use of the school computer labs and other technology areas (i.e. Library) is restricted to instructional, educational and research purposes only. The following rules apply at all times when using these computing areas:

- No food or drink is allowed at any computer workstations, at any time.
- All users must use their UserID to gain access to their computer, and must log off when they are done using the computer.
- Users may not modify and of the system settings or other software environments of the computers without permission.
- All work is to be saved in the individual's network folder. Users may not use flash drives, zip or other disks in the school computers without the prior permission of the instructor or supervisor.
- If, at any time, a user's computer should crash, malfunction or cease operating, the student should immediately notify the instructor or supervisor.

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SIGNATURE

Employee or Student Name

Date

Employee or Parent/Guardian Signature

Date



West Side Career and Technology Center

Counselor/Administration Form (Form 11)

To Be Completed by your Guidance Counselor and/or Administration

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First)

Name of School the Student is currently enrolled in: _____

Selection and Placement Criteria (Please base your evaluation on the current school year) _____ - _____

Grade Student is Currently Enrolled In:

Attendance:

- Excellent (0-4 Days)
- Average (5-10 Days)
- Below Average (11-20 Days)
- Habitual (21 or More Days)

Academic Achievement:

- Excellent (4.0 – 3.0)
- Good to Fair (2.9 – 2.0)
- Poor (Less than 2.0)

Based upon my knowledge of this student's discipline, attendance, and academic achievement records
_____ I recommend _____ I do not recommend

the placement of this student to West Side Career and Technology Center.

Student Status

- Regular Ed
- Individualized Education Plan (please include)
- 504 Plan (please include)
- Cyber School
- Current EL (please include)

Current Math Course:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> General Math | <input type="checkbox"/> Geometry |
| <input type="checkbox"/> Pre – Alg | <input type="checkbox"/> Trigonometry |
| <input type="checkbox"/> Alg I | <input type="checkbox"/> Pre-Calc |
| <input type="checkbox"/> Alg II | <input type="checkbox"/> Other |

Please list any concerns or comments:

PIMS Grade 9 Entry Date: _____ (The date that the student entered 9th grade for the 1st time)

****This date is not needed for students that are currently in 8th grade, applying to attend WSCTC for 9th grade****

Signature of Counselor or Administrator:

_____ Date _____

Printed Name of Counselor or Administrator:
