Butler County Area Vocational - Technical School
210 Campus Lane • Butler, Pennsylvania 16001 • Phone (724) 282-0735 • Fax (724) 431-0502

2023-2024 New Student Application

Applicant Information *(To be completed by Parent or Guardian-Blue or Black ink only please.)*

Student Legal Name: _____ _____ **Date of Birth:** ____/____/_____
Last *First* *M.I.* *MM/DD/YYYY*

Parent/Guardian Name (Living at address): _____

Relationship to Student: ☐ Mother ☐ Father ☐ Other (*Please specify):* _____

Primary Mailing Address: _____
Street/P.O. Box *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Secondary Contact Name: _____

Relationship to Student: ☐ Mother ☐ Father ☐ Other (*Please specify):* _____

Secondary Contact Mailing Address *(If applicable)*:

_____
Street/P.O. Box *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Education

School District of Residence: _____ Name of School: _____

Is your student enrolled in a school other than the district you reside in? ☐ Yes ☐ No

If yes please provide the name of the school: _____

Note: Any student applicants who do not attend one of the following school districts: Butler, Karns City, Mars, Moniteau, Seneca Valley, Slippery Rock, South Butler County, must contact their attending school as their admission to BCAVTS is subject to approval.

Is your student attending Cyber School? ☐ Yes ☐ No

If yes please provide the name of the Cyber School: _____

Additional Information (Please mark your responses and note any additional information.)

Does the student have any medical conditions for which you wish to provide? ☐Yes ☐ No

Please Specify: _____

Butler County Area Vocational - Technical School
210 Campus Lane • Butler, Pennsylvania 16001 • Phone (724) 282-0735 • Fax (724) 431-0502

2023-2024 New Student Application

Selection of Courses (Course selections are not guaranteed. In the event a program reaches maximum enrollment, your student will be placed in your second choice. If the second choice is not available, a representative from BCAVTS will contact your student.)

Air Conditioning/Heating/Electrical	Computer Networking & Security	Heavy Equipment
Automotive Technology	Cosmetology	Machine Technology
Building Construction	Culinary Arts	Protective Services
Carpentry	Graphic Design	Sports Medicine
Collision Repair	Health Assistant	Welding
1st Choice:	**2nd Choice:**	

I give permission for my son/daughter to apply to Butler County AVTS. I authorize for the release of his/her records to Butler County AVTS.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

District information must be completed in full prior to application being processed

Sending District Use Only	
PA Secure ID #:	
Graduation Year:	
Is student enrolled in the district cyber school?	☐ YES ☐ NO

Notice of Confidentiality: *The information given to BCAVTS by parents, guardians, prospective students, and home school personnel by answering the last questions are confidential. The answers given do not affect the eligibility of the prospective students.*

Non-Discrimination Statement: *The Butler County Area Vocational-Technical School 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/Principal/Assistant Director at* ***ryanj@butlertec.us****, or Title IX Coordinator/Compliance office and Section 504 Coordinator at* ***mortonc@butlertec.us****, 210 Campus Lane, Butler, PA 16001, (724) 282-0735. For information regarding services, activities and facilities that are accessible to and usable by handicapped persons, contact the Section 504 Coordinator/Support Services Coordinator.*