



2024-2025 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

Phone: _____ **E-MAIL:** _____

Secondary/Alternate 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

Phone: _____ **E-MAIL:** _____

Secondary/Alternate 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, Knoch, Mars, Moniteau, Seneca Valley, Slippery Rock, 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: _____

Is your student home schooled? Yes No



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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	Cosmetology	Health Assistant
Automotive Technology	Culinary Arts	Heavy Equipment
Building Construction	*Diversified Occupations <i>(This is a single year program for seniors only)</i>	Machine Technology
Carpentry		Protective Services
Collision Repair		Sports Medicine
Computer Networking & Security	Graphic Design	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:	
Student is enrolled in the district cyber school?	<input type="checkbox"/> YES <input type="checkbox"/> 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.

<i>BCAVTS Office Use Only:</i>		
Date Received _____	SIS Entered _____	Administration _____