



LenapeTech
Education at Work

**LENAPE TECHNICAL SCHOOL
2215 CHAPLIN AVENUE
FORD CITY, PENNSYLVANIA 16226**

GUIDANCE DEPARTMENT
Michele Ligus, M.S. Ed.
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**ENROLLMENT APPLICATION
For Fall of 2026**

NAME _____ DATE _____
(Last) (First) (M)

ADDRESS _____
(Mailing Address)

ADDRESS _____
(911 ADDRESS)

(CITY) (STATE) (ZIP)

HOME PHONE _____

SENDING HIGH SCHOOL PLEASE CIRCLE ONE:

APOLLO RIDGE FREEPORT LEECHBURG
ARMSTRONG WEST SHAMOKIN

CURRENTLY ATTENDING - IF DIFFERENT FROM SENDING SCHOOL (FOR EXAMPLE: PRIVATE SCHOOL OR CYBER SCHOOL) _____

DO YOU HAVE AN INDIVIDUALIZED EDUCATION PLAN (IEP)? YES / NO

CURRENT GRADE _____ **DATE OF BIRTH** _____ **GENDER** _____

ETHNIC BACKGROUND (optional)

☐ (A) ASIAN	☐ (P) NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	☐ (W) WHITE
☐ (B) BLACK/AFRICAN AMERICAN	☐ (H) HISPANIC OR LATINO	☐ (I) AMERICAN INDIAN/ ALASKA NATIVE

LANGUAGE SPOKEN AT HOME ☐ ENGLISH ☐ OTHER _____

DATE FIRST ENROLLED IN A UNITED STATES SCHOOL (M/YR) _____

DATE ENTERED 9TH GRADE (M/YR) _____

LENAPE ENROLLMENT – SELECT ONE _____ **Full Time** _____ **Part Time**

***Applications are now being accepted and are due by April 13, 2026.**

*** If you should need assistance completing this application, please see your guidance counselor or contact the Guidance Department at Lenape Tech.**

Lenape Technical School does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies Special Programs Coordinator, 503/504 / ADA Coordinator, and Title IX Coordinator, Lenape Tech, 2215 Chaplin Avenue, Ford City, PA 16226. Telephone: 724-763-7116

NAME _____ SENDING SCHOOL _____

With the knowledge that I have met the required prerequisites, I would like to submit an application for enrollment at Lenape Tech. Please consider my application for the following technical area of study.

PLEASE INDICATE FIRST CHOICE WITH #1 AND SECOND CHOICE WITH #2.

- | | |
|------------------------------------|------------------------------------|
| ___Advertising/Digital Technology | ___Cosmetology |
| ___Allied Health Careers | ___Culinary Arts |
| ___Automotive Technology | ___Law Enforcement Info Technology |
| ___Biomedical Technology | ___Natural Resources Technology |
| ___Construction Trades Technology | ___Precision Machining Technology |
| ___Collision Repair Technology | ___Sports Medicine & Rehab Therapy |
| ___Computer Information Technology | ___Welding Technology |

PARENT/GUARDIAN INFORMATION - PLEASE SELECT ONLY ONE PERSON FROM EACH ADDRESS TO RECEIVE MAIL

Name					Check all that apply	
Relationship					Receives Mail	
Address					Custody	
	Phone Number	Circle one for each phone number			Student lives with	
Primary (1)		Mobile	Work	Home	Other	Permitted to pick up
Phone (2)		Mobile	Work	Home	Other	Emergency Contact
Phone (3)		Mobile	Work	Home	Other	Access to Parent portal
Email						

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Email						

PLEASE CHECK IF EITHER PARENT IS ACTIVELY PARTICIPATING IN THE MILITARY. ___ YES ___ NO

SIGNATURES:

PARENT/GUARDIAN _____ DATE _____

PARENT/GUARDIAN _____ DATE _____

STUDENT _____ DATE _____