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# Application for Career and Technical Programs at South Kingstown High School

* Please send this completed and signed application to the attention of Barbara Crudale, Director of Guidance (*see page 3 for relevant dates for the 2020-2021 school year*).
* The application can be emailed with a subject of “CTE Application” to Barbara at bcrudale@sksd-ri.net, faxed to her at (401) 360-1462, or mailed to her in the Guidance Department, South Kingstown High School, 215 Columbia Street, Wakefield, RI 02879.
* Questions can be directed to Scott Rollins, CTE Coordinator at srollins@sksd-ri.net, (401) 360-1840; or Chip McGair, SKHS Principal at cmcgair@sksd-ri.net, (401) 360-1315.
* The programs we offer are:
	+ **(1a) Allied Health CNA, (1b) Allied Health EMT, (1c) Allied Health CNA & EMT (2) Construction Technology, (3) Computer Science, and (4a) Studio Art-Craft & Fine Artist, (4b) Studio Art-Designer.**
* Please click [here](http://bit.ly/skhscteprogram) for more details about each program.

## Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Grade To Be Enrolled in Sept. 2020: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone (cell): |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth |  | Program First Choice: |  | Program Second Choice: |  |

|  |  |
| --- | --- |
| Why are you applying for your first choice (brief response)? |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Parent/Guardian Information (#1) Check here if the student lives with this person ☐

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Relationship to Student: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone (cell): |  | Email |  |

## Parent/Guardian Information (#2) Check here if the student lives with this person ☐

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Relationship to Student: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone (cell): |  | Email |  |

If different from above, what is the student’s primary residence (please include street, city, and state)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Current School Counselor Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | School | **:** |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

Phone (Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Phone (Secretary): |  | Email | : |

## Important information

* **Applications for the current school year will be considered based on program space. The priority admission deadline for the 2020-2021 school year is February 13, 2020. We will continue to accept applications after that date for 2020-2021 school year based on program space.**
* We will primarily be accepting current 8th grade or 9th grade students, who will be entering South Kingstown High School as 9th or 10th graders respectively.
* We will accept current 10th grade students, who will be entering South Kingstown High School as 11th graders on a case by case basis including a review of student records.
* All out of district students who are accepted to South Kingstown High School through one of our CTE programs, will have to **show proof** that they are **present 95 percent** or more of the time in school for the most recent 2 school years prior to enrollment at South Kingstown High School, and are **not failing any more than 2 courses** in the school year prior to enrolling at South Kingstown High School.
* Once enrolled at South Kingstown High School, students are expected to follow student rules outlined in the student handbook, ensure that they are not failing more than 2 courses, and are present 95 percent or more of the time. Failure to abide by these conditions could result in a student being sent back to their home district.
* If a student(s) decides not to complete high school at any point after enrollment, or to not continue in a CTE program at South Kingstown High School, the student will need to return to their home school district.
* In the case where we have more applications than spots available in a particular program, we will conduct a digital lottery, and then create a waiting list.
* Students will have access to their second choice CTE program if that situation arises, providing there is room in that program.
* There is **no cost** for students to enroll in South Kingstown School District CTE programs. Although there is no fee to attend, there may be minor costs associated with uniform, tool and safety wear requirements, as well as license and exam fees.
* According to the Board of Regents, the governing body of Career and Technical Programs, ***Section IV-G***: every student who is qualified for admission shall have access to such programs and shall be provided free attendance by their local school committee, including tuition and transportation.
* This right is also protected under ***Rhode Island General Law §16-45***, which states all Rhode Island students have the right to access RIDE-approved career preparation programs.
* In accord with Rhode Island General Law 16-21.1-2, transportation to South Kingstown High School will be provided by the school districts in Region IV (Washington County, Jamestown, West Greenwich).
* **Applications will be reviewed upon receipt of all required information and documentation, i.e., (1) completed application, (2) transcript** *(if available),* **(3) most recent report card, and (4) attendance records for the most recent 2 school years.**
* We will be sending notification letters to you and your current school counselor of acceptance decisions. If you wish to appeal the decision, please send a letter requesting an appeal to Principal Chip McGair via email at cmcgair@sksd-ri.net, or by mail to South Kingstown High School, 215 Columbia Street, Wakefield, RI 02879.
* Upon acceptance, it is your responsibility to provide proof of withdrawal from your current school within two weeks.

## Signatures

Student (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child's school records to be sent to the South Kingstown School District for the purpose of admission consideration and program planning/placement at South Kingstown High School. I am aware that such records may include but are not limited to, report cards/progress reports, standardized test reports, health records, attendance, discipline/conduct reports and any testing/evaluations related to support services such as an Individualized Education Plan, 504 Accommodation Plan, or other support plan. The South Kingstown School Department does not discriminate on the basis of age, sex, race, religion, national origin, color or disability in accordance with applicable laws and regulations

*By signing here I give my consent for my child's records to be released:*

Parent/Guardian (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Current out of district students please complete:***

Current District Superintendent (Printed Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current District Superintendent (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## For Office Use Only

Date Complete Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Transcript/Report Card Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Attendance Records Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Provided By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision On Application/Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_