



ADMISSIONS FORM

Application Date: _____ BAVTS ID#: _____

Applying for School Year: _____

Student Name: _____
FIRST MIDDLE INITIAL LAST

Middle School: _____

High School: _____ High School ID#: _____

District: _____ Current Grade: _____ Year of Graduation: _____

Home Address: _____
STREET CITY STATE ZIP CODE

Home Phone#: _____ Unlisted? ___ Yes ___ No

Social Security #: _____ Birthdate: _____ Sex: Male Female

Please check appropriate box. (This is optional - to be used for demographic purposes only.)

- Amer. Indian/ Alaskan Nat. Black (Non-Hispanic) White (Non-Hispanic)
- Asian Pacific/Islander Latino/Hispanic Other

ADMISSIONS POLICY

No admission procedure will violate legislation or regulation intended to protect the rights of any individual.

Students with disabilities who have individualized educational programs (IEP's) developed under Section (614) (A) (5) of the Education of the Handicapped Act, shall, with respect to vocational-technical education programs, be afforded the rights and protection guaranteed such students under Section 612, 614, and 615 of such Act.

A completed admissions form is required for all students requesting admission to Bethlehem Area Vocational-Technical School.

Following the career exploration, admission to a specific vocational-technical program will be determined by overall grade, completed essay, Instructor approval and classroom availability.

ADMISSIONS PROCEDURE

Students who request admission to the Fast Track program at BAVTS will compete for entry. A rating for each student will be developed based upon a combination of grades, attendance, discipline and completion of the Admissions Form. *The BAVTS Fast Track program is a competitive program, with maximum of 20 seats per block.*



GRIEVANCE PROCEDURES

The Bethlehem Area Vocational-Technical School has a grievance process in place, for a copy please call the Director's office at 610-866-8013.

FAMILY INFORMATION

Primary Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Parent Signature: _____ Date: _____

Additional Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Parent Signature: _____ Date: _____

For Office Use Only

STUDENT INFORMATION		
	Yes	No
Demographic Info.:		
Transcript included:		
IEP Student:*		
* If yes, IEP must be attached.		

Guidance Counselor Signature

Date

Bethlehem Area Vocational-Technical School endorses the principle of equal education and employment opportunities for all people and does not discriminate on the basis of race, color, sex, religion, national origin, age, or non-related handicap or disability. **Direct inquiries may be made to Mr. Adam Lazarchak, Title IX Coordinator/Section 504 Coordinator, 3300 Chester Avenue, Bethlehem, PA 18020-2895. Telephone (610) 866-8013.**