



STUDENT APPLICATION TO THE BEDFORD COUNTY TECHNICAL CENTER

2023-24 School Year

NAME: _____

BIRTHDATE: _____

ADDRESS: _____

(Street or Rd) (City) (State) (Zip Code)

TELEPHONE # _____ PRESENT GRADE _____

Dear Parent or Guardian,

Your child has expressed interest in pursuing a program of study at the Bedford County Technical Center. We are requesting that you and your child discuss his or her program selection from the options below and list a first, second, and third choice program.

Career/Technical Program Selections

1. Agricultural Science (Session 1 & 2 Only)
2. Biotechnology (Session 3 Only)
3. Automotive Technology
4. Building Construction

5. Cosmetology
6. Institutional Foods/Culinary Arts
7. Health Occupations/Assisting
8. Welding

FIRST CHOICE: _____

SECOND CHOICE: _____

THIRD CHOICE: _____

I hereby make application for training in the above indicated areas. If I am selected for admission to the Bedford County Technical Center, I understand that I must meet all prerequisite requirements for the program for which I am applying. I further understand I must meet all state and local graduation requirements in order to remain at the Bedford County Technical Center. I agree to abide by the rules and regulations of the BCTC which stress safety related to the student, equipment, and other persons. Inappropriate behavior or performance may result in removal from the BCTC Program.

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN PRINT NAME: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY SENDING SCHOOL GUIDANCE OFFICE:

PA Secure ID#: _____

Does student have an IEP? ____yes ____no

Does Student have a 504 Plan? ____yes ____no

Attach a copy of school discipline records for student if student has been or is presently expelled or suspended. ____yes ____no

Program Offered _____

Counselor's Signature _____ Date: _____

Principal's Signature _____ Date: _____