



# Stafford County Public Schools

## APPLICATION FOR CAREER AND TECHNICAL EDUCATION PROGRAMS 2022-2023



**Please submit completed form to your Counselor by February 25, 2022.**

**STUDENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

*A completed application and prior approval is required to be enrolled in these CTE programs. Program requested (PLEASE CHECK ONE BELOW):*

✓	Course #	Course Title	Grade Level	Program School(s)
	8676	Automotive Body Technology I (aptitude test required)	10-11	NSHS
	8502	Automotive Technology I (aptitude test required)	10-11	BPHS/NSHS/SHS
	8743	Barbering I **	11	MVHS
	8604	Cabinetmaking I	9-11	NSHS
	8601	Carpentry I	9-10	BPHS/SHS
	8745	Cosmetology I	10-11	MVHS/SHS
	8275	Culinary Arts I	10-11	BPHS/MVHS/SHS
	8285	Early Childhood Education I	10-12	BPHS/NSHS
	8533	Electricity I	9-11	SHS
	8333	Emergency Medical Technician I*		CFHS/SHS
	8705/8706	Firefighting I & II (must be taken consecutively in the same year)*	11-12	Off-site at Firehouse & Training Facility
	8660	Graphic Imaging Technology I	9-11	NSHS
	8331	Health Assisting Careers*	11-12	BPHS
	8034	Horticulture Sciences	10-12	NSHS
	8512	Masonry I	9-11	SHS
	8345	Medical Assistant I*	11-12	MVHS
	8360/8362	Nurse Aide I & II (must be taken consecutively in the same year)*	11-12	NSHS

**NOTES:**

- (1) ALL Cooperative Education programs for Business and Marketing require a different application. Please ask your counselor for the name of the supervising faculty member.
- (2) \* These Health and Medical Sciences and Firefighting classes require an additional application. Please ask your counselor for the form.
- (3) \*\* Only students at MVHS (program school) and students from CFHS and NSHS that travel to that school can enroll at this time.
- (4) All STAT Academy programs require a different application—application can be found online.

**PERSONAL INFORMATION:**

Base High School (*Please check one*):    BPHS        CFHS        NSHS        MVHS        SHS

Graduation Year: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address (Street, City, State, Zip):  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Please write a brief statement on why you would like to be enrolled in the program.

Identify your goals

What are your skills?

What are your interests?

***The following statements must be signed by the appropriate individuals before this application is complete.***

**STUDENT:**

I understand that my application will be evaluated in the following areas: 1) attendance record, 2) teacher recommendation, and 3) career goals, skills, and interests provided on application.

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN:**

My child has permission to participate in the Career and Technical Education Program in Stafford County Public Schools. I understand that my child will be evaluated & assigned based on the above areas.

Parent/Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT:**

Please have two of your teachers sign below indicating they recommend you for the CTE program you selected on the front of this application.

\_\_\_\_\_  
**Teacher's signature**                      **Subject taught**                      **Current Grade in Class**                      **Date**

Optional Comment:

\_\_\_\_\_  
**Teacher's signature**                      **Subject taught**                      **Current Grade in Class**                      **Date**

Optional Comment:

**THIS SECTION TO BE COMPLETED BY SCHOOL PERSONNEL ONLY.**

\_\_\_\_\_ Total absences to date during the current school year.

\_\_\_\_\_ Total tardies to date during the current school year.

**REQUIRED:** Name of CTE program instructor consulted: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED:** Name of School Counselor consulted \_\_\_\_\_ Date: \_\_\_\_\_

Recommended Acceptance (Reason): \_\_\_\_\_

Recommend Denial (Reason): \_\_\_\_\_

Counselor's Recommendation and Comments:

**Please forward a copy of this application to the appropriate CTE teacher when completed.**

**PLEASE NOTE: These procedures remain in effect for the entire scheduling process, including beginning of the year assignments and schedule changes.**

The Stafford County School Board does not unlawfully discriminate against any person on the basis of race, sex, age, color, religion, national origin, political affiliation, or disability. This policy covers all programs, services, policies, and procedures of Stafford County Public Schools, including all educational programs, admission to such programs, activities, and employment. Inquiries regarding non-discrimination should be directed to the Title IX Coordinator/Executive Director of Human Resources, Stafford County Public Schools, 31 Stafford Avenue, Stafford, VA 22554. Phone: (540) 658-6560 Fax: (540) 658-5970. Reasonable accommodation upon request.