



LenapeTech
Education at Work

LENAPE TECHNICAL SCHOOL
2215 CHAPLIN AVENUE
FORD CITY, PENNSYLVANIA 16226

GUIDANCE DEPARTMENT
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ENROLLMENT APPLICATION
For Fall of 2021

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? YES / NO

CURRENT GRADE _____ DATE OF BIRTH _____ GENDER _____

ETHNIC BACKGROUND (optional)

| | |
|---|--|
| <input type="checkbox"/> (A) ASIAN | <input type="checkbox"/> (P) NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> (B) BLACK/AFRICAN AMERICAN | <input type="checkbox"/> (H) HISPANIC OR LATINO |
| <input type="checkbox"/> (W) WHITE | <input type="checkbox"/> (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 6, 2021.**

| |
|-----------------|
| Office Use Only |
| _____ PS |
| _____ Int |
| _____ Sch |
| _____ Ltr |

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.

- | | |
|--|--|
| <input type="checkbox"/> Advertising/Digital Technology | <input type="checkbox"/> Cosmetology |
| <input type="checkbox"/> Allied Health/Sports Medicine | <input type="checkbox"/> Culinary Arts |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Law Enforcement Info Technology |
| <input type="checkbox"/> Biomedical Technology | <input type="checkbox"/> Natural Resources Technology |
| <input type="checkbox"/> Construction Trades Technology | <input type="checkbox"/> Precision Machining Technology |
| <input type="checkbox"/> Collision Repair Technology | <input type="checkbox"/> Welding Technology |
| <input type="checkbox"/> Computer Information Technology | |

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

| | | | |
|----------------------------------|------------------------|-------------------------|--------------------------|
| Name _____ | | Check all that apply | |
| Relationship _____ | | Receives Mail | <input type="checkbox"/> |
| Address _____ | | Custody | <input type="checkbox"/> |
| Phone Number _____ | | Student lives with | <input type="checkbox"/> |
| Circle one for each phone number | | Permitted to pick up | <input type="checkbox"/> |
| Primary (1) | Mobile Work Home Other | Emergency Contact | <input type="checkbox"/> |
| Phone (2) | Mobile Work Home Other | Access to Parent portal | <input type="checkbox"/> |
| Phone (3) | Mobile Work Home Other | | |
| Email <input type="text"/> | | | |

| | | | |
|----------------------------------|------------------------|-------------------------|--------------------------|
| Name _____ | | Check all that apply | |
| Relationship _____ | | Receives Mail | <input type="checkbox"/> |
| Address _____ | | Custody | <input type="checkbox"/> |
| Phone Number _____ | | Student lives with | <input type="checkbox"/> |
| Circle one for each phone number | | Permitted to pick up | <input type="checkbox"/> |
| Primary (1) | Mobile Work Home Other | Emergency Contact | <input type="checkbox"/> |
| Phone (2) | Mobile Work Home Other | Access to Parent portal | <input type="checkbox"/> |
| Phone (3) | Mobile Work Home Other | | |
| Email <input type="text"/> | | | |

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

SIGNATURES:

PARENT/GUARDIAN _____ DATE _____

PARENT/GUARDIAN _____ DATE _____

STUDENT _____ DATE _____

NAME _____ SENDING SCHOOL _____

In the spaces provided below, please answer the following:

Describe your career objective:

1. Short Term objective: In the next 5 years, what do you hope to accomplish toward your career?

2. Long Term Objective: in the next 10 – 15 years, what do you hope to accomplish?

How do you think attending Lenape will enable you to meet your career objectives?

*** 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