

Center of Applied Technology South

211 Central Avenue, East • Edgewater, MD 21037 • (410) 956-5900

Magnet School Programs' Application

Parent/Guardian please indicate if your student has the following: IEP 504

Student's Name	SIF Number	Sex	Today's Date
Present School	Present Grade	Social Security Number	Date of Birth
Home Phone	Address (Street, City, State, Zip)		
Female Parent/Guardian	Work Phone (Area Code + Number)		
Male Parent/Guardian	Work Phone (Area Code + Number)		
Student's Signature & Date		Parent's/Guardian's Signature & Date	
Student resides with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather			

Due to limited class sizes, it is necessary to choose **three (3)** programs. In priority order, place a **1, 2, or 3** on the line next to the courses you wish to take.

Level I - One Semester Courses

Introduction to Health* (T68000)

- A-day, 1 & 2
- or*
- A-day, 3 & 4 *or* B-day, 3 & 4

* Prerequisite for "Nursing Assistant" or "Medical Assistant"

Culinary Arts (T77000) ❖

A-day, 1 & 2

Nursing Assistant (Grade 11 or 12) (T66000) ❖

A-day, 3, 4, & 5 and B-day, 3, 4, & 5

Computerized Desktop Publishing (T16000)

A-day, 1 & 2

Building Construction (T13000)

A-day, 1 & 2

Drafting/CAD (T31000)

A-day, 1 & 2

Electricity (T34000)

A-day, 1 & 2

Heating, Ventilation, & Air Conditioning

(T04000) A-day, 1 & 2

Marine Repair (T71000)

A-day, 1 & 2

Welding (T61000)

A-day, 1 & 2

Level I - Two Semester Courses (Full Year)

Automotive Collision Repair (T07000)

A-day, 1 & 2

Automotive Technology (T02000)

A-day, 1 & 2 and B-day, 1

Computer Networking Technology (Grade 11) (T58000)

A-day, 1 & 2 (Home internet connection is recommended.)

Cosmetology (T25000) ❖

A-day, 1 & 2 and B-day, 1

Dental Assisting (T55000) ❖

A-day, 1 & 2 (1st Semester) and B-day, 1 (2nd Semester)

Medical Assistant (Grade 11 or 12) (T69000) ❖

A-day, 3 & 4 and B-day, 3 & 4

Network Systems Administration (Q55700)

A-day, 1 & 2

Nursing Assistant (Grade 11 or 12) (T66000) ❖

A-day, 1 & 2 and B-day, 1

❖ Fees (toolkits, uniforms, or certification exams)

Applications must be returned to CAT-South by **March 15, 2011**. Parent must sign **both** sides.



Contact information **HAS** changed.

Emergency Notification Card

(Please Print Clearly and Press Firmly)

School _____ School Year _____ to _____

Contact Information	Student Name (Last) _____ (First) _____ (Middle) _____			Date of Birth _____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		
	Student resides with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other				SIF No. _____		
	Address _____		Days Residing <input type="checkbox"/> All <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> T <input type="checkbox"/> F	Additional Address _____	Days Residing <input type="checkbox"/> All <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> T <input type="checkbox"/> F	Race <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Other	
	Home Telephone No. (Area Code + No.) _____		Additional Telephone No. (Area Code + No.) _____		E-mail Address _____		
	Mother's Name (Last) _____ (First) _____		Father's Name (Last) _____ (First) _____		Teacher _____		
	Employer (Name and Address) _____		Employer (Name and Address) _____		Grade _____ Bus Number _____ Walker <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Day Phone No. (Area Code + No.) _____		Day Phone No. (Area Code + No.) _____		Are both parents authorized to pick up child? (If NO provide a copy of legal papers regarding child's custody for our files.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cell Phone No. (Area Code + No.) _____		Cell Phone No. (Area Code + No.) _____				
	List other children in family	Name		Age		School Attending	
My child may be released to the following in case of illness and/or early dismissal:	Name _____		Relationship _____	Day Phone No. (Area Code + No.) _____			
	Name _____		Relationship _____	Day Phone No. (Area Code + No.) _____			
Note: Special pick-ups not listed must have written permission, signed by parent/guardian.							
Emergency Plan: In the event of an unplanned emergency, what are the procedures for your child?							

Medical Information	Student's Physician _____ Telephone No. (Area Code + No.) _____	Student's Dentist _____ Telephone No. (Area Code + No.) _____
	Does your child have allergies? (Please Check) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Food <input type="checkbox"/> Uses Epi-Pen <input type="checkbox"/> Medication <input type="checkbox"/> Other (Please Describe) _____ <input type="checkbox"/> Insects _____	
	Does your child require medication during the school day? <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete medication administration form if medications are needed in school.) Please note that the health information on this form may be accessible to workers in the school office. If your child has asthma, diabetes, any chronic illness, or life threatening condition, please contact your school nurse to discuss specific plans for your child.	

Permissions	My child has my permission to be interviewed, photographed, and/or videotaped by AACPS and the outside media during the school year. I consent to my child's name, comments, photographs, video image or any combination thereof being used in print and electronic media ventures, including on AACPS' website and television station. <input type="checkbox"/> Yes <input type="checkbox"/> No	To parents or guardians of Middle and High School Students only: Do you want to be placed on a separate notification list prior to pesticides being applied in the school? (Please visit www.aacps.org/schools/info regarding universal written pesticide notification.) <input type="checkbox"/> Yes <input type="checkbox"/> No	The federal No Child Left Behind Act requires high schools to provide to military recruiters, upon request, access to names, addresses, and phone numbers of high school students. Board policy also requires schools to release information to colleges or other higher education institutions upon request. If you do not want AACPS to disclose this information without your prior written consent, please check "No." <input type="checkbox"/> No, I do not give permission	The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults. The YRBSS includes a national school-based survey conducted by the Centers for Disease Control and Prevention (CDC) that includes questions designed to identify risk behaviors that may include safety behaviors such as the use of helmets and seat belts, depression and mental health, use of tobacco, alcohol, and other drugs, nutrition and physical activity, and sexual behavior. • This survey is completely confidential. • All answers are private • Students' names are not required on the survey response sheet. A copy of survey questions and/or more information about the survey can be obtained at the Centers for Disease Prevention and Control website -- http://www.cdc.gov , by mail at 1600 Clifton Rd, Atlanta, GA 30333, or by phone at (800) 311-3435. <input type="checkbox"/> I do not give permission for my student to participate in the Youth Risk Behavior Surveillance System Survey.
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I believe everything on this card to be true, to the best of my knowledge, information, and belief.

Parent/Guardian Signature

Date