

# Center of Applied Technology South

211 Central Avenue, East • Edgewater, MD 21037 \* 410-956-5900 FAX: 410-956-5905

# Career Exploration

## Application for 9<sup>th</sup> Grade

Please Print

School Year \_\_\_\_\_  Sem. 1  Sem. 2  A.M.  P.M.

Student's Legal Name (Last, First, Middle)	SIF Number
Guidance Counselor's Signature	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> None

Students: How did you learn about the programs available at CAT-South?  Counselor  Tour  Open House Other \_\_\_\_\_

The **Career Exploration** course gives you the opportunity to explore four technical areas in one semester or eight technical areas in two semesters. For one semester select five (5) choices by numbering them **1** (your top choice) to **5** (your least favorite choice) or for two semesters select ten (10) and number them **1** to **10**. The order of your choices will be given every consideration when assigning schedules, but cannot be guaranteed.

Construction	Communication
<input type="checkbox"/> Building Construction <input type="checkbox"/> Electricity <input type="checkbox"/> Drafting/CAD	<input type="checkbox"/> Computer Network Technology <input type="checkbox"/> Network Systems Administration <input type="checkbox"/> Computerized Desktop Publishing
Engineering/Mechanical	Health/Human Services
<input type="checkbox"/> Automotive Collision Repair <input type="checkbox"/> Heating, Ventilation, & Air Conditioning <input type="checkbox"/> Marine Repair <input type="checkbox"/> Welding	<input type="checkbox"/> Cosmetology (P.M.rotation only) <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Dental Assisting (P.M.rotation only) <input type="checkbox"/> Health Careers

### Course Information:

- Attendance plays a significant part in successful completion of all courses.
- Bus transportation is provided between your community and CAT-S or between your home school and CAT-S.
- The A.M class meets on B-day, period one. The P.M. class meets 2:15 P.M.-3:45 P.M. on Tuesday, Wednesday, and Thursday.
- All courses are not offered every rotation.

### Course Safety Requirements:

1. Leather shoes are required in the Construction and Engineering/Mechanical courses and no sandals or open-toed shoes are allowed.
2. ANSI rated safety glasses will be issued and must be worn in courses where they are required.
3. In addition to the county mandated dress code, students will be required to wear protective clothing for certain courses, i.e. coveralls, gloves, etc.

I have read and agree to comply with the above safety requirements.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I have read and agree to support my son/daughter in complying with the above stated safety standards. I understand that this form authorizes school personnel to obtain emergency treatment for my son/daughter at the nearest convenient medical facility.

\_\_\_\_\_  
Parent's/Guardian's Name (Please print)

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Applications must be returned to your current guidance counselor for processing. Parent must sign **both** sides.



Anne Arundel County Public Schools | Department of Student Services

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
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 _____
Day Phone No. (Area Code + No.)		Day Phone No. (Area Code + No.)		Walker <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone No. (Area Code + No.)		Cell 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
List other children in family	Name		Age	School Attending
	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.)	<b>Note: Special pick-ups not listed must have written permission, signed by parent/guardian.</b>
	Name	Relationship	Day Phone No. (Area Code + No.)	

**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.)
<b>Does your child have allergies?</b> (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 _____		<b>Does your child require medication during the school day?</b> (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. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>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.</b>	

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.  I understand that AACPS is not responsible for the content of outside media stories.  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>To parents or guardians of Middle and High School Students only:</b> Do you want to be placed on a separate notification list prior to pesticides being applied in the school? (Please visit <a href="http://www.aacps.org/schools/info">www.aacps.org/schools/info</a> 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. <ul style="list-style-type: none"> <li>· This survey is completely confidential.</li> <li>· All answers are private</li> <li>· Students' names are not required on the survey response sheet.</li> </ul> A copy of survey questions and/or more information about the survey can be obtained at the Centers for Disease Prevention and Control website -- <a href="http://www.cdc.gov">http://www.cdc.gov</a> , 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