



Marcella Charles-Casto  
Administrator  
1000 King Coal Highway  
Delbarton, WV 25670  
(304) 235-3333 option 7 ext. 4119

Name \_\_\_\_\_ WVEIS ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Gender (check one): ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Middle School (Pre-Engineering Only) ☐ Burch ☐ Gilbert ☐ Matewan ☐ Williamson

Current Grade: ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ 12<sup>th</sup> High School: ☐ MCHS ☐ TVHS

How many absences did you have last semester? \_\_\_\_\_

In which CTE program do you wish to enroll? If applying for more than one program, please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice.

- |   |   |
|---|---|
| <input type="checkbox"/> Graphic Design             | <input type="checkbox"/> Health Science Education               |
| <input type="checkbox"/> Welding                    | <input type="checkbox"/> Pre-Engineering (Project Lead The Way) |
| <input type="checkbox"/> Automotive                 | <input type="checkbox"/> Law and Public Safety                  |
| <input type="checkbox"/> ProStart                   | <input type="checkbox"/> Business: Entrepreneurship             |
| <input type="checkbox"/> Hospitality (Not ProStart) | <input type="checkbox"/> Business: Administrative Support       |
| <input type="checkbox"/> Carpentry                  | <input type="checkbox"/> Information Management                 |
| <input type="checkbox"/> HVAC                       |   |

Please indicate in which CTE program you are currently enrolled, if any.

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Why do you want to be in this program? Please print your response.

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List your hobbies and interests.

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**Application Procedure**

- Complete application and return it to school counselor
- Schedule an interview with program instructor by contacting school counselor
- Admission priority is given to returning students in good standing, then seniors and juniors
- Attach current transcript with GPA, Discipline Record, and Attendance
- Attach Drug Testing Consent Forms
- If applying to Graphic Design please attach copy of drawing test
- Dress professionally for your interview.

Please indicate any special needs or medical conditions that may impact the safety of the applicant or others in the program. This information will be kept confidential with the teacher of the program according to FERPA laws.

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As required by federal law and regulations the Mingo County Board of Education does not discriminate on the basis of sex, sexual orientation, race, color, religion, disability, or national origin in employment or in its education programs and activities.

Inquires may be referred to Central Office Administrator, Title IX Coordinator and Section 504 coordinator, Mingo County Board of Education, Rt. 2 Box 310 Williamson, WV 25661, phone number (304) 235-3333; to the Elimination of Sex Discrimination Program Coordinator, telephone (304) 348-7864 or to the Department of Education's Director of the Office for Civil Rights.

***Please read the following before signing:***

1. I declare that the information contained in this application is to the best of my knowledge complete and correct.
2. I agree to abide by the rules and regulations of MCHS.
3. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree that MCHS reserves the right to modify or cancel any program or course without notice or prejudice.
4. I agree to participate in random drug testing.
5. I understand that I must value attendance, since my attendance will have a direct impact on the net worth of my program's company as designed through Simulated Workplace.
6. I agree to abide by all safety regulations for the program of interest. Piercings will need to be removed and tattoos may need to be covered.
7. I understand that there are costs associated with CTE programs and I must be able to pay associated fees of credentialing, skills organizations, safety equipment, uniforms, competitions, etc. It is the student's responsibility to find out these costs before making application.
8. I agree to pursue appropriate certification in program selected and understand that cost will exist for credentialing.
9. I understand that my portfolio will provide evidence of course/program completion.
10. I understand that participation in a Career and Technical Student Organization (CTSO) will be required and enriches my CTE experience.
11. I agree to participate in WIN to improve my scores. I will seek to attain levels required for Work Keys in specific programs.
12. I will participate in Simulated Workplace.

**Signatures below indicate that both student and parent/guardian understand the requirements of participating in a CTE program and agree to comply.**

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*Applicant's Signature*

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*Parent/Guardian Signature*

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*Phone Number*