



APPLICATIONS FOR NEWTON CLASSES  
PRINT, FILL OUT AND BRING TO THE GUIDANCE OFFICE.  
You can also pick up a printed copy in the G.O.!

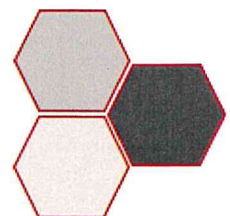


You can see a list of courses available at the Brooks Trade Center in Newton, KS in the Course Handbook provided by NCTE. You can pick up a copy - which includes application forms, from the guidance office or on the HHS/Guidance Office Website!

All Newton Ag Courses are worth 0.5-2 credits/semester. In a typical year, you must sign up for two classes that meet at the same time each day to work with our HHS schedule.

Applications are required to attend Newton CTE classes\*. If you are interested in a class at the Brooks Trade Center in Newton, come see Mrs. Hiebert ASAP to fill out an application for that course.

*\*Returning students will need to submit an application, but no interview will be required. If they do not have an application, NHS will assume the student is not returning!*



**AREA-WIDE SCHOOL STUDENT APPLICATION**  
**Agriculture**

23 -24 Application for Admission  
Brooks Regional Center for Career & Technical Education  
Newton High School  
900 W. 12th, Newton, KS 67114

**Agriculture: Please indicate the courses you are interested in.**

☐ Agriscience (Tech Ag Science I) – 9, 10  
☐ Intro to Ag Mechanics – 9, 10  
  
☐ Animal Science – 10, 11, 12  
☐ Horticulture I – 10, 11, 12  
☐ Pre-vocational Welding – 10, 11, 12  
☐ Advanced Modern Ag Mechanics – 10, 11, 12  
☐ Biotechnology in Agriculture- 11, 12

☐ Small Engine Repair – 11, 12  
☐ Plant & Animal Science – 9, 10, 11, 12  
  
☐ Horse Management (Equine Science) – 11,12  
☐ Horticulture II – 11, 12  
☐ Ag Power – 11, 12  
☐ Ag Equipment Construction – 11, 12  
☐ Ag Business – 11, 12

*Schedule subject to change. Low enrolled classes may not be offered.*

**PLEASE PRINT**

Student Name \_\_\_\_\_ Gender: ☐ M ☐ F Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) or guardian(s) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

School now attending \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Attendance during the present year: No. of days absent \_\_\_\_\_ No. of hours absent \_\_\_\_\_ No. of tardies \_\_\_\_\_

Is the student on an IEP Plan? Yes ☐ No ☐

If so, does the student require special accommodations? Yes ☐ No ☐

If yes, what type of accommodations? \_\_\_\_\_

NEXT YEAR Grade Level: ☐ 9<sup>th</sup> grade ☐ 10<sup>th</sup> grade ☐ 11<sup>th</sup> grade ☐ 12<sup>th</sup> grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Counselor or Principal

\_\_\_\_\_  
Date

Approval for Attendance:

X \_\_\_\_\_  
Superintendent or Approving Official

\_\_\_\_\_  
Unified School District

\_\_\_\_\_  
Date

## AREA-WIDE SCHOOL STUDENT APPLICATION

### Project Lead The Way (Engineering)

23-24 Application for Admission  
Brooks Regional Center for Career & Technical Education  
Newton High School  
900 W 12<sup>TH</sup>, Newton, KS 67114

**PLTW:** Please indicate the course(s) you are interested in:

\_\_\_\_ Intro to Engineering Design, (1 credit) 9, 10, 11, 12

\_\_\_\_ Principles of Engineering, (1 credit) 10, 11, 12

\_\_\_\_ Civil Engineering & Architecture (1 credit) 11, 12

\_\_\_\_ Engineering Design & Development, (1 credit) 12

*Schedule subject to change. Low enrolled classes may not be offered.*

#### PLEASE PRINT

Student Name \_\_\_\_\_ Gender: \_\_\_\_M \_\_\_\_F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) or guardian(s) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

School now attending \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Attendance during the present year: No. of days absent \_\_\_\_\_ No. of hours absent \_\_\_\_\_ No. of tardies \_\_\_\_\_

Is the student on an IEP Plan? Yes \_\_\_\_ No \_\_\_\_

If so, does the student require special accommodations? Yes \_\_\_\_ No \_\_\_\_

If yes, what type of accommodations? \_\_\_\_\_

NEXT YEAR Grade Level: \_\_\_\_9<sup>th</sup> grade \_\_\_\_10<sup>th</sup> grade \_\_\_\_11<sup>th</sup> grade \_\_\_\_12<sup>th</sup> grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Counselor or Principal

\_\_\_\_\_  
Date

Approval for Attendance:

X \_\_\_\_\_  
Superintendent or Approving Official

\_\_\_\_\_  
Unified School District

\_\_\_\_\_  
Date

School Obligation to the Student: Newton High School Career and Technical Education Center maintains a policy of nondiscrimination with regard to sex, religion, age, marital status, or handicap condition.

## AREA-WIDE SCHOOL STUDENT APPLICATION

### Manufacturing - Machining

23-24 Application for Admission  
Brooks Regional Center for Career & Technical Education  
Newton High School  
900 W. 12th, Newton, KS 67114

**MANUFACTURING - MACHINING:** Please indicate the course(s) you are interested in:

- \_\_\_\_\_ Principles of Precision Machining & CNC, (1 credit) 10, 11, 12 (attend one period daily)
- \_\_\_\_\_ Precision Machining & CNC Fundamentals I, (2-4 credits) 10, 11, 12 (attend two periods daily)
- \_\_\_\_\_ Computer Aided Manufacturing (1 credit) 12
- \_\_\_\_\_ Precision Machining & CNC Fundamentals II, (2-4 credits) 11, 12 (attend two periods daily)

*Schedule subject to change. Low enrolled classes may not be offered.*

**PLEASE PRINT**

Student Name \_\_\_\_\_ Gender: \_\_\_M \_\_\_F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) or guardian(s) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

School now attending \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Attendance during the present year: No. of days absent \_\_\_\_\_ No. of hours absent \_\_\_\_\_ No. of tardies \_\_\_\_\_

Is the student on an IEP Plan? Yes \_\_\_ No \_\_\_

If so, does the student require special accommodations? Yes \_\_\_ No \_\_\_

If yes, what type of accommodations? \_\_\_\_\_

NEXT YEAR Grade Level: \_\_\_10<sup>th</sup> grade \_\_\_11<sup>th</sup> grade \_\_\_12<sup>th</sup> grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Counselor or Principal

\_\_\_\_\_  
Date

Approval for Attendance:

X \_\_\_\_\_  
Superintendent or Approving Official

\_\_\_\_\_  
Unified School District

\_\_\_\_\_  
Date

School Obligation to the Student: Newton High School Career and Technical Education Center maintains a policy of nondiscrimination with regard to sex, religion, age, marital status, or handicap condition.



## AREA-WIDE SCHOOL STUDENT APPLICATION

### Mobile Equipment Maintenance (Automotive)

23-24 Application for Admission  
Brooks Regional Center for Career & Technical Education  
Newton High School  
900 W. 12th, Newton, KS 67114

**AUTOMOTIVE:** Please indicate the course(s) you are interested in: Auto classes meet everyday

\_\_\_\_\_ Auto Technology I – 10, 11 12

\_\_\_\_\_ Auto Technology II – 11, 12

\_\_\_\_\_ Auto III Drive Train, (1 credit) – 12

\_\_\_\_\_ Auto III Mobile HVAC, (1 credit) –12

*Schedule subject to change. Low enrolled classes may not be offered.*

#### PLEASE PRINT

Student Name \_\_\_\_\_ Gender: \_\_\_M \_\_\_F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) or guardian(s) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

School now attending \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Attendance during the present year: No. of days absent \_\_\_\_\_ No. of hours absent \_\_\_\_\_ No. of tardies \_\_\_\_\_

Is the student on an IEP Plan? Yes \_\_\_ No \_\_\_

If so, does the student require special accommodations? Yes \_\_\_ No \_\_\_

If yes, what type of accommodations? \_\_\_\_\_

NEXT YEAR Grade Level: \_\_\_10<sup>th</sup> grade \_\_\_11<sup>th</sup> grade \_\_\_12<sup>th</sup> grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Counselor or Principal

\_\_\_\_\_  
Date

Approval for Attendance:

X \_\_\_\_\_  
Superintendent or Approving Official

\_\_\_\_\_  
Unified School District

\_\_\_\_\_  
Date

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# AREA-WIDE SCHOOL STUDENT APPLICATION

## Construction

23-24 Application for Admission  
Brooks Regional Center for Career & Technical Education  
Newton High School  
900 W. 12th, Newton, KS 67114

**CONSTRUCTION:** Please indicate the course(s) you are interested in:

- ☐ Intro to Industrial Technology, (.5 credit) 9, 10, 11, 12
- ☐ Woodworking I (1 credit) 10, 11, 12
- ☐ Geometry in Construction, (1 credit) 10, 11, 12 (one day of geometry/one day shop work)
- ☐ Woodworking II, (1 credit) 12
- ☐ Laser Works, (1 credit) 12

*Schedule subject to change. Low enrolled classes may not be offered.*

### PLEASE PRINT

Student Name \_\_\_\_\_ Gender: ☐ M ☐ F Birth Date     /    /      
Mo Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) or guardian(s) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

School now attending \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Attendance during the present year: No. of days absent \_\_\_\_\_ No. of hours absent \_\_\_\_\_ No. of tardies \_\_\_\_\_

Is the student on an IEP Plan? Yes ☐ No ☐

If so, does the student require special accommodations? Yes ☐ No ☐

If yes, what type of accommodations? \_\_\_\_\_

NEXT YEAR Grade Level: ☐ 9<sup>th</sup> grade ☐ 10<sup>th</sup> grade ☐ 11<sup>th</sup> grade ☐ 12<sup>th</sup> grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Counselor or Principal

\_\_\_\_\_  
Date

Approval for Attendance:

X \_\_\_\_\_  
Superintendent or Approving Official      Unified School District      Date

School Obligation to the Student: Newton High School Career and Technical Education Center maintains a policy of nondiscrimination with regard to sex, religion, age, marital status, or handicap condition.

# AREA-WIDE SCHOOL STUDENT APPLICATION

## Health Sciences

23-24 Application for Admission  
Brooks Regional Center for Career & Technical Education  
Newton High School  
900 W 12<sup>TH</sup>, Newton, KS 67114

**HEALTH SCIENCE: Please indicate the course(s) you are interested in:**

- ☐ CNA - (.5 credit) 10, 11, 12 (must be 16 to take state boards)  
☐ Fire Science I and II (1 credit) 11, 12  
☐ Emergency Medical Technician (EMT) (2 credits) 12 (must be 18 to take state boards)

Student Name \_\_\_\_\_ Gender: ☐ M ☐ F Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) or guardian(s) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

School now attending \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Attendance during the present year: No. of days absent \_\_\_\_\_ No. of hours absent \_\_\_\_\_ No. of tardies \_\_\_\_\_

Is the student on an IEP Plan? Yes ☐ No ☐

If so, does the student require special accommodations? Yes ☐ No ☐

If yes, what type of accommodations? \_\_\_\_\_

NEXT YEAR Grade Level: ☐ 10<sup>th</sup> grade ☐ 11<sup>th</sup> grade ☐ 12<sup>th</sup> grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Counselor or Principal

\_\_\_\_\_  
Date

Approval for Attendance:

X \_\_\_\_\_  
Superintendent or Approving Official

\_\_\_\_\_  
Unified School District

\_\_\_\_\_  
Date

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# AREA-WIDE SCHOOL STUDENT APPLICATION

## IT: Networking

23-24 Application for Admission  
Brooks Regional Center for Career & Technical Education  
Newton High School  
900 W. 12th, Newton, KS 67114

IT: NETWORKING: Please indicate the course(s) you are interested in:

\_\_\_\_\_ IT Essentials (1 credit) – 10, 11, 12

\_\_\_\_\_ Networking Systems (1 credit) – 11, 12

\_\_\_\_\_ Router Basics (1 credit) – 12

*Schedule subject to change. Low enrolled classes may not be offered.*

### PLEASE PRINT

Student Name \_\_\_\_\_ Gender: \_\_\_M \_\_\_F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) or guardian(s) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

School now attending \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Attendance during the present year: No. of days absent \_\_\_\_\_ No. of hours absent \_\_\_\_\_ No. of tardies \_\_\_\_\_

Is the student on an IEP Plan? Yes \_\_\_ No \_\_\_

If so, does the student require special accommodations? Yes \_\_\_ No \_\_\_

If yes, what type of accommodations? \_\_\_\_\_

NEXT YEAR Grade Level: \_\_\_9<sup>th</sup> grade \_\_\_10<sup>th</sup> grade \_\_\_11<sup>th</sup> grade \_\_\_12<sup>th</sup> grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Counselor or Principal

\_\_\_\_\_  
Date

Approval for Attendance:

X \_\_\_\_\_  
Superintendent or Approving Official

\_\_\_\_\_  
Unified School District

\_\_\_\_\_  
Date

School Obligation to the Student: Newton High School Career and Technical Education Center maintains a policy of nondiscrimination with regard to sex, religion, age, marital status, or handicap condition.



## AREA-WIDE SCHOOL STUDENT APPLICATION

### Manufacturing - Welding

23-24 Application for Admission  
Brooks Regional Center for Career & Technical Education  
Newton High School  
900 W. 12th, Newton, KS 67114

**MANUFACTURING - WELDING:** Please indicate the course(s) you are interested in:

\_\_\_\_\_ Welding Technology I, (4 credits) 11, 12

\_\_\_\_\_ Welding Technology II, (4 credits) 12

*Schedule subject to change. Low enrolled classes may not be offered.*

#### PLEASE PRINT

Student Name \_\_\_\_\_ Gender: \_\_\_M \_\_\_F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) or guardian(s) \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

School now attending \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Attendance during the present year: No. of days absent \_\_\_\_\_ No. of hours absent \_\_\_\_\_ No. of tardies \_\_\_\_\_

Is the student on an IEP Plan? Yes \_\_\_ No \_\_\_

If so, does the student require special accommodations? Yes \_\_\_ No \_\_\_

If yes, what type of accommodations? \_\_\_\_\_

NEXT YEAR Grade Level: \_\_\_11<sup>th</sup> grade \_\_\_12<sup>th</sup> grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Counselor or Principal

\_\_\_\_\_  
Date

Approval for Attendance:

X \_\_\_\_\_  
Superintendent or Approving Official

\_\_\_\_\_  
Unified School District

\_\_\_\_\_  
Date

School Obligation to the Student: Newton High School Career and Technical Education Center maintains a policy of nondiscrimination with regard to sex, religion, age, marital status, or handicap condition.

## Welding Technology I and II

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Welding Technology is a **technical trade program**. It is conducted in partnership with Hutchinson Community College and is a two-year half-day program of study comprised of **13 college level courses**. The welding program is designed to provide students with a direct pathway to a job as a welder. Students who wish to be considered for enrollment should be pursuing a career path in the welding career field. This is a **dual credit (high school and college)** series of classes offered to students at **no tuition cost (about a \$6,000 value)** other than some material fees and personal equipment. To be eligible for enrollment, students must complete the attached application with two reference forms then return it to the CTE Director, Ben Reed, during or prior to the student interview. References must be of a professional nature and therefore the student should solicit employers, teachers, administrators of other persons who would have an objective knowledge of their motivation, ability, and work ethic. There is a **\$100.00 material fee per year** to take this program payable no later than the first day of class. **No student will be considered for final enrollment until the application and interview process is fully complete.**

## Welding Technology Application

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Name: \_\_\_\_\_

GPA: \_\_\_\_\_ Attendance/Days Absent \_\_\_\_\_ Tardies \_\_\_\_\_  
(obtained from the registrar's/counseling office or Infinite Campus during the current school year)

*(Student is responsible for getting information from appropriate sources, please ask your counselor for help)*  
If GPA is less than 2.0 explain below:

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List any referrals that you received this year: Explain

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Please make a brief statement explaining why you want to take this program:

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Student signature \_\_\_\_\_ Parent/guardian signature (required) \_\_\_\_\_

***This application does not guarantee a place in the program. You must have two reference evaluations submitted before your interview. References must submit their reference evaluation directly to the CTE Director or Secretary.***

## Welding Technology

### Reference Evaluation



You are receiving this request for an evaluation because a student has listed you as a reference. Your input is extremely valuable, since this student is requesting enrollment in a skill training program. Please rank the student from 1-5, 5 being the highest. Please feel free to make any additional comments. *These forms will remain confidential.* (No family or friends should be a reference)

Student's Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

|               |   |   |   |   |   |       |
|---------------|---|---|---|---|---|-------|
| Dependability | 1 | 2 | 3 | 4 | 5 | _____ |
| Attitude      | 1 | 2 | 3 | 4 | 5 | _____ |
| Character     | 1 | 2 | 3 | 4 | 5 | _____ |
| Cooperation   | 1 | 2 | 3 | 4 | 5 | _____ |
| Attendance    | 1 | 2 | 3 | 4 | 5 | _____ |

Would you want this student working for you?      YES      NO  
Please elaborate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please place the evaluation in Mr. Reed's mailbox or mail to:

Newton High School  
Attn: Ben Reed  
900 West 12<sup>th</sup>  
Newton, KS 67114

*Thank you for your input!*

## Welding Technology

### Reference Evaluation

---



You are receiving this request for an evaluation because a student has listed you as a reference. Your input is extremely valuable, since this student is requesting enrollment in a skill training program. Please rank the student from 1-5, 5 being the highest. Please feel free to make any additional comments. *These forms will remain confidential.* (No family or friends should be a reference)

Student's Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

|               |   |   |   |   |   |       |
|---------------|---|---|---|---|---|-------|
| Dependability | 1 | 2 | 3 | 4 | 5 | _____ |
| Attitude      | 1 | 2 | 3 | 4 | 5 | _____ |
| Character     | 1 | 2 | 3 | 4 | 5 | _____ |
| Cooperation   | 1 | 2 | 3 | 4 | 5 | _____ |
| Attendance    | 1 | 2 | 3 | 4 | 5 | _____ |

Would you want this student working for you?      YES      NO  
Please elaborate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please place the evaluation in Mr. Reed's mailbox or mail to:

Newton High School  
Attn: Ben Reed  
900 West 12<sup>th</sup>  
Newton, KS 67114

*Thank you for your input!*