

Monroe County Technical Center



Adult Application Packet

Please return completed application to:

Monroe County Technical Center
74 James Monroe Drive
Lindside, WV 24951

Our Motto, Vision and Mission: The school's motto is MCTC: Making Connections – Taking Charge. This motto reflects our commitment to both the school vision; making connections with stakeholders, taking charge of our own present and future, and the school mission; rigor, relevance, and relationships. Furthermore, we believe that every student can achieve success through self-discipline, personal responsibility, and respect, for oneself and others. These beliefs are fundamental to enabling our school and our students to take charge of the present; through work ethic and ethical work, and the future; through planning and perseverance.

The school mission statement was developed with input from the faculty with consideration of the school's vision and motto. It says: Monroe County Technical Center will strive to *attract, retain, and enrich* students with quality educations through *rigor, relevance, and relationships*.

Title IX ADA 504 Notice: Monroe County Technical Center (MCTC) does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, disability, age, or marital status in any of its policies, procedures or practices as required by Title IX, Section 504, and ADA regulations. For inquiries concerning Title IX, please contact the Director of Personnel, at 304-586-0500 x1109. For inquiries concerning 504/ADA, please contact the Director of Exceptional Education, at 304-586-0500 x1111.

ADMISSION APPLICATION

General Instructions

1. All applicants must complete the admission application and specify the desired program. A copy of your high school transcript, high school diploma and/or TASC or HiSET or GED report of scores must be attached. All students should provide proof of current health/accidental insurance.
2. Applicants may be required to take a pre-entrance assessment and meet the requirements for the desired program prior to registering for classes.
3. The application fee of \$30.00 (non-refundable) must be included for the application to be considered complete and cannot be waived. Incomplete applications will not be processed.

Please check that ALL of the following have been completed before submitting an application for enrollment. Make checks payable to MCTC.

Application

Application fee (\$30)

Attendance Policy Agreement

Diploma or TASC/GED

Honesty, Technology, Dress Code and Payment Policies

Acceptable Use Agreement

Proof of Insurance

Release of Information Agreement (notarized)

Release of Information Agreement to Parent/Guardian/Spouse (notarized)

Safe Schools Agreement and Satisfactory Progress Agreement

Random Drug Testing Consent Form

Shot Records (Health classes only)

My purpose for enrolling here is primarily for personal reasons rather than to find employment. Yes ___ No ___

Please Print

Student Name _____ Maiden Name _____ Enrollment Date _____

First Middle Last

Social Security # _____ Driver's License Number _____

Home Address _____
Home Address City State Zip

Check here if same as above

Mailing Address _____
Street Address City State Zip

Phone Number _____ Cell Number _____

Email _____

Employer _____ Phone Number _____

Type of Insurance _____ Policy Number _____

Are you a US citizen? _____ yes _____ no

Marital Status (Optional) _____ Single _____ Married _____ Divorced / Separated _____ Widowed

Please indicate if you graduated from a high school or TASC, as well as the year and school in which you graduated:

_____ High School _____ TASC/GED _____ Year obtained

(Name of school or location)

Emergency Information

1st Emergency Contact: _____
First Last Name

Relationship to student _____ Phone Numbers _____

Email _____

Address _____
Mailing address City State Zip

2nd Emergency Contact: _____
First Last Name

Relationship to student _____ Phone Numbers _____

Email _____

Address _____
Mailing address City State Zip

Do you currently have a postsecondary degree? yes no If yes, what area is your degree in? _____

List other colleges, training schools or programs that you have attended on a postsecondary level:

School _____ Date attended _____

Address _____

School _____ Date attended _____

Address _____

Check below the program you wish to attend.

Phlebotomy Truck Driving CDL A

Have you taken any courses in the program you want to attend? Yes No

Have you ever been incarcerated or convicted of a felony or misdemeanor crime? yes no

If yes, explain _____

YOUR SIGNATURE below gives MCTC permission to give or obtain information, to or from, law enforcement of any level in regards to you and your enrollment at MCTC and/or Monroe County Schools. Monroe County Technical Center's refund and cancellation policy has been explained to me, as have the satisfactory academic progress requirements. I further understand that Monroe County Technical Center as well as Monroe County Schools operate a drug free school and work place.

I certify that all statements in this application are complete and true. I authorize Monroe County Technical Center to use this information for internal statistics and reporting purposes. I further understand that any willful misrepresentation of information given in this application may be grounds for denial of my admission or dismissal.

I CERTIFY THAT THE AFOREMENTIONED APPLICATION INFORMATION IS TRUE AND COMPLETE, AND UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF INFORMATION IN THIS APPLICATION MAY BE GROUNDS FOR DENIAL OF ADMISSION OR ENROLLMENT DISMISSAL.

Signature of Student

Date of Application

Title IX ADA 504 Notice

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MCTC STUDENT ATTENDANCE POLICY INFORMATION & AGREEMENT

It is very difficult for students to make up work missed in a vocational/technical program. Good attendance is a key factor in a student's achievement and is also a key factor in getting a job. Employers who call us for references always ask for the attendance record. They know that applicants who have been dependable in school attendance will be dependable in work attendance.

Students with disabilities or chronic medical conditions that might interfere with their ability to meet attendance requirements (including arriving late and leaving early) must present to the school, prior to or within one week of enrolling, a letter from their physician stating the following:

1. The disabling or chronic medical condition for which he/she is treating you.
2. A statement that even with treatment you may have difficulty meeting the attendance requirements.
3. A statement estimating the number of days in a 20-day school month your condition might require you to be absent or tardy.

Students who develop disabling or chronic medical conditions after they have started the program must present a letter from the diagnosing physician within five (5) business day of the condition being diagnosed.

The school administration, along with the program instructor, will then determine whether we can reasonably accommodate the absences. This may vary from program to program depending on the nature and/or sequencing of the instructional program.

In no case will a disability or chronic medical condition to be accepted as a basis for appeal of a termination due to excessive absences if the above requirements have not been met.

ATTENDANCE - STUDENT RESPONSIBILITY

Students should not rely on instructors, office staff, or school administrators to remind them to attend school. Students may receive attendance warnings from their instructors, office staff or school administrators. Such warnings may be verbal, electronic or be documented in writing. Students are to provide a legal or medical excuse the day they return to school following the absence.

ABSENCES

Students exceeding the allowed absences for a school year may have their enrollment terminated. "Allowed absences" is defined as 10% of your total anticipated enrollment for the school year.

A "day" is defined as the number of hours or blocks normally spent in class/clinical. If the class is normally in session full-time (six hours or four blocks per day), then any six hour or four block absence constitutes a "day" absent. If the class is normally in session part-time (three hours or two blocks per day) then any three hour or two block absence will constitute a "day" absent. Any time a student is not in class/clinical, he/she is considered absent. This includes being tardy, returning late from lunch, or leaving before the end of a class or clinical assignment. You will be considered tardy if you are less than 20 minutes late or leave early with less than 20 minutes of class time left. Tardy includes but is not limited to returning late from lunch, returning late from other activity or leaving before the end of class or clinicals. Being tardy on three occasions will equal an absence for one block. If you are more than 20 minutes late or leave early with more than 20 minutes of class time left you will be considered absent for that block.

In all classes, the student must make up seat or theory work missed (it is not possible to make up missed lab work and students will be graded accordingly). Teachers will allow students one day for each day absent to complete make up work. For example, if a student has missed two days of class, he/she will have two days after returning to school to complete all make up assignments. Students are not allowed to make up time missed by engaging in activities outside the normal curriculum (self-study, library days, etc.).

Students who miss more than their allowed number of days will be terminated.

By signing below, I understand that good attendance and academic achievement are directly related; therefore, I must maintain good attendance. I also understand that I may be terminated if I miss more than the allowed 9 school days per enrollment period. I also understand and agree to the attendance/termination policy as described above.

Signature of Student

Date of Application

SAFE and SUPPORTIVE SCHOOLS

Under the Safe Schools Act of 1995, and the WVDE Policy 4373 (Expected Behavior in Safe and Supportive Schools), Monroe County Schools policy JG (available online at <https://boe.monroe.k12.wv.us/>), Monroe County Schools will have zero tolerance for inappropriate student behavior. Students are expected to create an atmosphere free from bullying, harassment, intimidation; maintain self-control; act responsibly; demonstrate compassion and caring; comply with simulated workplace requirements

Under no circumstances should a student:

- Threaten or intimidate an instructor or student
- Abuse a student or teacher through physical or verbal means
- Disobey a school employee
- Interfere with the educational process
- Use profane language with an instructor, other school employee, or fellow student
- Be involved in criminal conduct
- Possess an illegal drug, alcohol, or tobacco/vape product

All instructors have the right to immediately remove students from the classroom if any student exhibits any of these behaviors. The school has the right to terminate adult students who exhibit any of these behaviors.

When students threaten the welfare of others, they lose their right to attend Monroe County Technical Center. Thus, students will be terminated for:

- Possession of a deadly weapon
- Assaulting an instructor or school employee
- Selling or using drugs
- Chronic disruptive behavior

I, _____ understand the Safe Schools Policy as described above and agree to abide by this Policy.

Signature of Student

Date of Application

Maintaining Satisfactory Progress

It is our belief that all adult students should set the example for the secondary students with whom you share this school. All adult students must maintain satisfactory progress. Which means maintain at least a "C" average and complete the course of study within 150% of the originally scheduled course hours. Failure to maintain satisfactory academic progress will result in a probationary period not to exceed one grade report. A student who fails to meet the terms of the probation will no longer be eligible for financial aid, and may be terminated from the course of study in which s/he is enrolled.

I, _____ understand the Maintaining Satisfactory Progress policy as described above and agree to abide by this policy.

Signature of Student

Date of Application

HONESTY POLICY

It is our belief that all adult students should set the example for the secondary students with whom you share this school. It is imperative that honesty be practiced in all academic and non-academic areas.

Any adult students caught cheating, lying, or stealing may be terminated upon completion of an investigation of the incident. We MUST maintain a proper, honest work ethic in order to be able to recommend a student for employment upon completion of a vocational program.

I, _____ understand the honesty policy as described above and agree to abide by this policy.

Signature of Student

Date of Application

TECHNOLOGY POLICY

Monroe County Schools One to One Technology Use Policy JS, and the Acceptable Use Internet Policy IIBG outline the use of computer and educational hardware, software, and internet connectivity. The full version of each policy is available online at <https://boe.monroe.k12.wv.us/>.

I, _____ understand the technology policy as noted above and outlined in the attached Acceptable Use Policy agreement, and agree to abide by this policy.

Signature of Student

Date of Application

DRESS CODE POLICY

It is our belief that all adult students should set the example for the secondary students with whom you share this school. It is imperative that proper attire be practiced in all academic and non-academic areas.

Monroe County Schools Dress Code Policy JFCA (available online at <https://boe.monroe.k12.wv.us/>), along with industry standards for safety and well-being prescribe certain clothing, restrict certain clothing and accessory choices, as well as personal protective equipment (PPE). Students are expected to follow the dress code, as well as specific requirements for the courses in which they are enrolled; for example: scrubs, gloves, safety shoes/boots, eye protection. Instructors, supervisors, and school administration shall determine the appropriate industry-specific requirements, and ensure that all students comply.

I, _____ understand the dress code policy as described above and agree to abide by this policy.

Signature of Student

Date of Application

SELF-PAY STUDENTS

TUITION/FEES DUE DATE – Tuition is due, in full, by the first day of class. If your payment is not received within 7 days of the due date, you may be terminated from the program that you are enrolled in.

REFUND OF TUITION – You will only receive a refund if you drop the class before the third class meeting. After the third class, NO refunds will be issued. The W-9 MUST be completed and submitted before any refund can be made.

I, _____ understand the self-pay policy as described above and agree to abide by this policy.

Signature of Student

Date of Application

I, _____ understand the conditions regarding the date that tuition is due and the refund of tuition. I also understand the above requirements for MCTC students. Enrollment in classes is based on availability and date of application received in the financial aid office.

Signature of Student

Date of Application

Monroe County Technical Center



AUTHORIZATION FOR RELEASE OF INFORMATION

This is to authorize any physician, nurse, counselor, pharmacist, admissions, record clerk, or others to furnish the Monroe County Technical Center counseling, administrative staff or any representative thereof any information regarding appointments, attendance, test scores, academic records, progress reports, and employment verification.

This also authorizes Monroe County Technical Center Staff to furnish any agency listed below any information regarding appointments, attendance, test scores, academic records, and progress reports. Information which includes but is not limited to hire/termination dates, employer name & address, job description, beginning salary and employee rating.

- ABE Adult Basic Education
- Educational Institution
- Adult Probation
- Health and Human Resources
- Vocational Rehabilitation
- Pell Grant / Title IV Funds
- Veteran's Administration
- Worker's Compensation
- Veteran's Administration Rehab
- Workforce Investment Act
- Social Security Administration
- Other

I understand that I am voluntarily signing this authorization. This authorization will expire five years from the notarized date below. A copy of this authorization shall have the full force and effect as the original.

MUST BE SIGNED AND NOTARIZED (DO NOT SIGN UNLESS A NOTARY IS PRESENT)

Name of Student (Print) Signature of Student

AUTHORIZATION FOR RELEASE OF INFORMATION- PARENT, GUARDIAN, SPOUSE

I, _____ do hereby authorize Putnam Career & Technical Center and any representative thereof to furnish _____, with any information, not limited to, but regarding progress reports, grades, attendance, health issues, financial information, etc., or as deemed necessary.

I understand that I am voluntarily signing this authorization. This authorization will expire two years from date and signature unless otherwise documented below.

MUST BE SIGNED AND NOTARIZED (DO NOT SIGN UNLESS A NOTARY IS PRESENT)

Name of Student (Print) Signature of Student

STATE OF _____ COUNTY OF _____

Taken, subscribed and sworn to before me this the _____ day of _____, 20____

Notary Public _____ My commission expires: _____

**Monroe County Technical Center Simulated Workplace Drug Testing Policy
RANDOM DRUG TESTING CONSENT FORM**

As an enrolled student of Simulated Workplace – Career and Technical Education, I understand that the use of drugs, alcohol and other controlled substances in the workplace creates a safety concern for all students and employees. In the interest of creating a safe learning environment, I hereby give my consent for Monroe County Technical Center to conduct random drug tests it considers necessary as outlined in the Monroe County Schools Random Drug Testing Policy and I understand that these tests are required for enrollment in all Simulated Workplace settings.

I fully understand that as a Simulated Workplace student, I will be subject to the Monroe County Schools Random Drug Testing Policy. A copy of this policy has been made available for review, and I hereby acknowledge that I thoroughly understand its terms and provisions.

My signature hereon serves as consent:

- a) For me to undergo random drug testing and to submit a urine sample for that purpose;
- b) For me to be randomly drug tested in accordance with the terms of the Monroe County Schools policy;
- c) For Monroe County Technical Center to submit my urine/swab sample for testing for drugs/alcohol prohibited by its policy; and
- d) For the Monroe County Technical Center to obtain the results of my drug/alcohol test from a certified laboratory for use in accordance with the Monroe County Schools Random Drug Testing Policy.

I release the drug testing company, Monroe County Technical Center, and Monroe County Schools from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests.

Student Name (Printed): _____

Student Signature: _____ Date: _____

MCTC reserves the right to drug test any student demonstrating reasonably suspicious behavior that could indicate intoxication (i.e. slurred speech, unusual motor skills problems, etc.).

I, (Print) _____ understand the conditions regarding the MCTC Drug Testing Policy. I also understand the above requirements for MCTC students. I will make a commitment to be drug free throughout my enrollment at MCTC and failure to do so may result in my dismissal from the _____ Program at MCTC.

Student Signature

Date _____

Student Printed Name

Monroe County Technical Center



THE INFORMATION BELOW IS REQUESTED FOR FEDERAL REPORTING PURPOSES ONLY.

Name: _____
 First Middle Last Other/Maiden

Gender Male Female

Date of Birth: Month _____ Day _____ Year _____

Ethnicity : Used for Federal and State reporting requirments, not used for admissions considerations. Please mark all responses that qualify .

Are you Hispanic/Latino? Yes No

- | | | |
|---|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Caucasian/ White | <input type="checkbox"/> Other | |

Native Language:

Used for Federal and State reporting requirments, not used for admissions considerations. Please mark all responses that qualify .

- | | | | | |
|-------------------------------------|--|------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic Indian | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Creole |
| <input type="checkbox"/> Italian | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Hindi | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian | <input type="checkbox"/> Navajo |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Vietnamese | | | | |

Medical Conditions and/or Medication being taken: _____

Monroe County Technical Center



THE INFORMATION BELOW IS REQUESTED FOR FEDERAL REPORTING PURPOSES ONLY.

Name: _____
 First Middle Last Other/Maiden

Gender Male Female

Date of Birth: Month _____ Day _____ Year _____

Ethnicity : Used for Federal and State reporting requirements, not used for admissions considerations. Please mark all responses that qualify .

Are you Hispanic/Latino? Yes No

- | | | |
|---|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Caucasian/ White | <input type="checkbox"/> Other | |

Native Language:

Used for Federal and State reporting requirements, not used for admissions considerations. Please mark all responses that qualify .

- | | | | | |
|-------------------------------------|--|------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic Indian | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Creole |
| <input type="checkbox"/> Italian | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Hindi | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian | <input type="checkbox"/> Navajo |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Vietnamese | | | | |

Medical Conditions and/or Medication being taken: _____

Adopted by Board Action on July 19, 2022