



APPLY ONLINE AT www.dciu.org/dcts

ADMISSION APPLICATION

PLEASE PRINT CLEARLY AND SUBMIT APPLICATION TO:

DCTSadmissions@dcu.org

Or

DUE:

February 18, 2021

ADMISSIONS, DELAWARE COUNTY TECHNICAL SCHOOLS • 701 HENDERSON BLVD. • FOLCROFT, PA 19032

PHONE: 610-583-7620 x3403

Please save document to your computer and then fill in application information. Save completed form to computer and email it to: DCTSadmissions@dcu.org

STUDENT INFORMATION (PLEASE PRINT OR TYPE)

PA Secure ID#

(provided by district counselor)

MEDICAL CAREERS

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Email: _____

Birthdate: ____/____/____ Male ☐ Female ☐ Undetermined ☐ Are you a US Citizen? Yes ☐ No ☐

Student's Birthplace: _____ Student resides with: ☐ Parent ☐ Guardian ☐ Other: _____
Country, City and State

Current School: _____ Current Grade: _____ Current School District: _____

PLEASE IDENTIFY WHICH BEST DESCRIBES YOUR RACE AND/OR ETHNICITY:

Please note that we ask you to voluntarily complete this question. This information is not used in determining your admission to DCTS and you are not penalized for failure to provide the data.

Ethnicity (choose one)

- ☐ Hispanic/Latino
☐ Not Hispanic/Not Latino

Race (Choose one or more, regardless of ethnicity)

- ☐ American Indian/
Alaskan Native
☐ Black/African American
☐ White
☐ Multi-Racial/Two or more
races (not Hispanic)
☐ Asian
☐ Native Hawaiian or other
Pacific Islander

I AM INTERESTED IN THE FOLLOWING CAREER PROGRAMS:

First choice: _____ Second choice: _____ Third choice: _____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Primary Contact: _____ Daytime Phone: _____ Email: _____
FIRST NAME LAST NAME RELATIONSHIP

Secondary Contact: _____ Daytime Phone: _____ Email: _____
FIRST NAME LAST NAME RELATIONSHIP

PARENT/GUARDIAN CONTRACT

I, the parent/guardian of the student indicated above, do hereby understand the following:

- In order to attend the Delaware County Technical High Schools, a student must have successfully completed the 8th grade. Students must be 14 years old to enroll in the exploratory program and 15 years old to register in a DCTS career program.
- Bus Transportation is provided by local school districts at no charge. Transportation arrangements must be made through the school district. Students who drive to DCTS must register for a permit at DCTS on the first day of school.
- Photographs and/or videotapes of my child may be used for publicity or recruitment purposes. If you do not give your permission, please contact DCTS in writing at address above.
- I understand that while enrolled in DCTS my child will use a variety of technology resources, including the Internet, as part of his/her total educational experience.
- I hereby give permission to release all school records to DCTS.
- I agree to encourage effort, punctuality and attendance. I also agree to provide lab clothing as required, and I understand that such items are the personal property of the student, who must be responsible for their safekeeping.

Parent/Guardian Signature – If Unable to Sign Document, Please Type Your Name as Your Signature

Date

Student Signature – If Unable to Sign Document, Please Type Your Name as Your Signature

Date

TO BE COMPLETED BY DISTRICT COUNSELORS

Advanced Academic Courses: Please check the course this student has passed thus far during secondary school (grades 7-12)

LANGUAGE ARTS

☐ AP English

☐ College Prep English

☐ Foreign Language

☐ Other _____

MATH

☐ Algebra I _____ II _____

☐ Geometry

☐ Trigonometry

☐ Pre-Calculus

☐ Calculus

☐ AP Calculus

☐ Other _____

SCIENCE

☐ Chemistry

☐ Biology

☐ Physics

☐ AP Physics

☐ AP Biology

☐ Environmental Science

☐ Other _____

Please confirm attachments and student status:

- ☐ Application completed
☐ Attendance record for
current school year attached
☐ Transcripts attached

- ☐ Copy of current report card attached
☐ Student essay attached
☐ 8th Grade PSSA Scores
☐ Keystone Algebra I and
Literature Scores
☐ Student discipline record

- ☐ IEP/RR (if applicable) - Please note a
DCTS student support representative
must participate at an IEP meeting prior
to application
☐ English Language Learner
☐ 504 Plan
☐ Gifted

Kim Vindler

610-853-5900 ex 2572

kvindler@haverfordsd.net

Signature _____ Date _____

STUDENT WRITING SAMPLE

Writing sample must be between 100 and 200 words.

WHY ARE YOU APPLYING TO DCTS?

TELL US ABOUT YOUR EDUCATIONAL INTERESTS AND GOALS

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All DCTS – Medical Careers applicants must complete a DCTS – Medical Careers Application Registration Form on the HHS counseling website to complete their application.

EQUAL RIGHTS AND OPPORTUNITIES POLICY

The Delaware County Intermediate Unit and the Delaware County Technical High Schools do not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities, programs or employment practices as required by Title VI, VII, IX, Section 504, the Americans with Disabilities Act, and the Genetic Information Nondiscrimination Act of 2008. Career and Technical Education program offerings include: Exercise Therapy & Sports Science, Dental Technology, Emergency & Protective Services, Medical Careers, Health Sciences, Biomedical Technology & Laboratory Sciences, Advertising Design & Commercial Art, Apple Systems & Design, Computer Networking & Digital Forensics, Engineering Technologies, Building Trades, Carpentry, Electrical Construction Technology, Heating, Ventilation & Air Conditioning/Plumbing, Early Childhood Education, Culinary Arts & Hospitality, Culinary Arts & Food Service Management, Cosmetology, Automotive Technology, Collision Repair Technology and Logistics & Inventory Management. Inquiries may be directed to the Delaware County Intermediate Units Director of Human Resources or the Section 504 Coordinator at 200 Yale Avenue, Morton, PA 19070, 610-938-9000. For information regarding services, activities and facilities that are accessible to and usable by handicapped persons,



SCHOOL OF
HEALTH &
BIOSCIENCES

DELAWARE COUNTY TECHNICAL HIGH SCHOOL

701 Henderson Blvd
Folcroft, PA 19032
610-583-7620

Supplemental Admission Application for Medical Careers

Student Name _____ Date _____

Home Address _____

Home Phone _____ Cell Phone _____

Student email _____

High School _____ Present Grade _____

Courses taken during junior year:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Planned courses for senior year:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Extracurricular activities (school, community, employment):

_____	_____	_____
_____	_____	_____

Post-secondary educational and career goals:

The Delaware County Technical School and Medical Careers Supplemental applications should be submitted to DCTS through the home high school guidance department, along with the following documents: high school transcript, standardized test scores, attendance/discipline records. Follow the directions on the DCTS application for completion of a short essay.

Medical Careers requires a physical examination, proof of immunizations, proof of health insurance, tuberculin skin testing, influenza vaccination and child abuse/criminal background clearances. Additional information about these requirements and uniforms will be forwarded to the student after notification of acceptance to the program in June.

I support _____ for admission to the Medical Careers Program.
Student Name

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL COUNSELOR SIGNATURE

DATE

SCIENCE TEACHER SIGNATURE

DATE

**If you are not currently attending a science class in school,
you do not need your science teacher's signature.**