CTE Student/Parent

Application Instructions

2025-2026 Parent Guide:

Access Student Enrollment Application

<mark>*** It is best to complete this application on a computer or tablet***</mark>

➡️ Log onto www.wactc.net

➡️ Select "Online Registration New Students"

➡️ Select Students Home School District

➡️ Fill out ALL required information
(Fields marked with a "Red*")

➡️ Click Submit a confirmation email will be sent.

Contact:
Melissa Hill @ 724.746.2890 x 100
mhill@wactc.net

Select Home School and Log On:

Online Registration for New Students for the 25-26 School Year

CTE Student/Parent Application Instructions

21st Century Cyber Charter School

Avella

Bethel Park

Burgettstown

California

Welcome to "Home School" Screen will appear:

Welcome

High School Applicants

Any student in grades 10 through 12 in the attendance area of Western Area Career & Technology Center may be considered for enrollment. No student, otherwise eligible, shall be excluded on the basis of race, color, religion, sex, national origin or handicapping condition; nor will such student be excluded from participation in, be denied the benefits of or otherwise be subjected to discrimination under and of the programs or student organizations of Western Area Career & Technology Center.

The attendance areas of Western Area Career & Technology Center are Avella Area, Burgettstown Area, Canon McMillan, Central Christian Academy, Chartiers-Houston, Commonwealth Charter Academy, Fort Cherry, McGuffey, Peters Township, Trinity Area and Washington.

High school student applications must be completed, and parental permission is required to enroll in any course. An application is obtained through the Guidance Department of the nine member (attendance area) school districts.
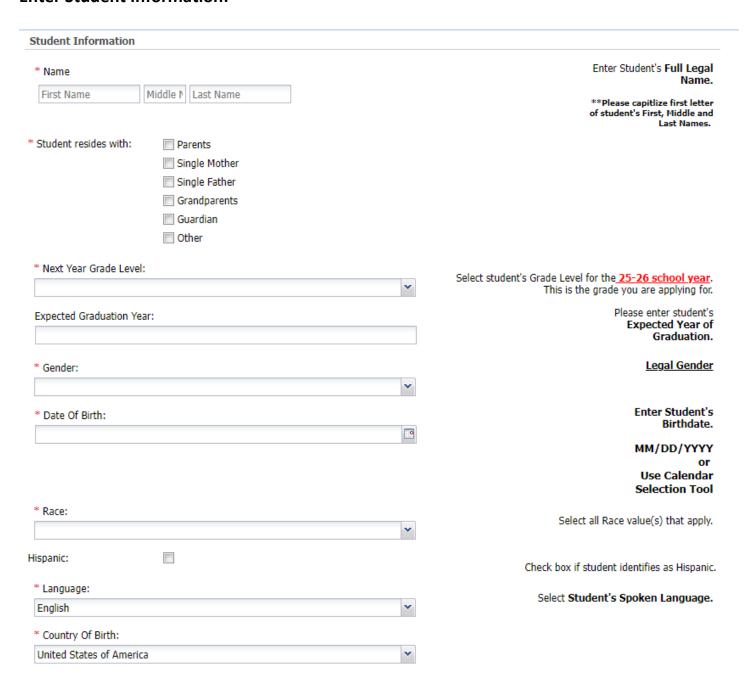
Any student in grades 10 through 12 presently attending a parochial school and residing in one of the nine member districts may also apply for admission to Western Area Career & Technology Center. Applications must be submitted through the member high school serving the student's place of residence.

Enter ALL Household Information:

Household Information

* Student Last Name:

[   ]

Please enter **Student's Last Name**.

**Please capitalize the first letter of Last Name

* Language:

[English   ▼]

Select the **Household Language**.

* Registration Date - Enter current date:

[📅]

Enter Today's Date.

MM/DD/YYYY
or
Use Calendar Selection Tool

┌─ * Physical Address ────────────────────────────┐
│ [Number] [Suffix] [Street   ▼]   │
│ [Apartment   ]   │
│ [City   ▼] [Pennsylvania   ▼]   │
│ [Zip Code] [Zip 4] [United States of Americ ▼] │
└──┘

Enter **Student's Full Physical Address.**

**ZIP 4 is not required

Mailing Address Same as Physical: ☐

┌─ Mailing Address ────────────────────────────────┐
│ [Suffix] [Number] [Street   ▼]   │
│ [Apartment   ]   │
│ [Po Box   ]   │
│ [City   ▼] [Pennsylvania   ▼]   │
│ [Zip Code] [Zip 4] [United States of Americ ▼] │
└──┘

Uncheck **if** Physical Address differs from Mailing Address.

* No. of Adults:

[▲▼]

Number of Parents/Guardians living in household.

* Phone

[Phone Type ▼] [999-999-9999] [Exte] ☐ Unlisted

Enter **Phone Type** and **Number** for **Primary Guardian.**

Enter Student Information:

Student Information

* Name

| First Name | Middle N | Last Name |

Enter Student's **Full Legal Name.**

**Please capitlize first letter of student's First, Middle and Last Names.

* Student resides with:
- ☐ Parents
- ☐ Single Mother
- ☐ Single Father
- ☐ Grandparents
- ☐ Guardian
- ☐ Other

* Next Year Grade Level:

[dropdown ▾]

Select student's Grade Level for the <u>25-26 school year</u>. This is the grade you are applying for.

Expected Graduation Year:

[_____]

Please enter student's **Expected Year of Graduation.**

* Gender:

[dropdown ▾]

Legal Gender

* Date Of Birth:

[_____ 📅]

Enter Student's **Birthdate.**

MM/DD/YYYY
or
Use Calendar Selection Tool

* Race:

[dropdown ▾]

Select all Race value(s) that apply.

Hispanic: ☐

Check box if student identifies as Hispanic.

* Language:

[English ▾]

Select **Student's Spoken Language.**

* Country Of Birth:

[United States of America ▾]

* What is your Career Goal?:

Please give your answer in
full sentence(s).

* Career/Technology Program - First Choice:

Select student's <u>FIRST</u> choice of program.
Selecting a first choice does not <u>guarantee</u> placement.

* Career/Technology Program - Second Choice:

Select student's <u>SECOND</u> choice of program.

Post Graduate: What are
you plans for after high
school grduation?:

◉ Community College
○ 4-Year College
○ Military
○ Work
○ Other

* Parent/Guardian Sign-Off:

☐

I have reviewed this
Interest Survey completed
by my son/daughter and
give my approval to submit
it for consideration of
acceptance in the
program(s) stated above.

By entering your signature
you are authorizing WACTC
to enroll your student.

* Parent Signature:

* Student Sign-Off:

☐

I as the student applying,
have reviewed this Interest
Survey and completed. I
give my approval to submit
it for consideration of
acceptance in the
program(s) stated above.

<mark>Parent / Guardian **MUST** check box and type
their name in the Signature Box. The
student must sign-off by checking the box.</mark>

Enter all Medical Information for Western Area CTC records if applicable:

List ALL Allergies:

```
[                                    ]
[                                    ]
[                                    ]
```

Epi-Pen: ○ Yes
                    ○ No

List ALL Current Conditions:

```
[                                    ]
[                                    ]
[                                    ]
```

Medical/Mental Health History & Last Episode:

```
[                                    ]
[                                    ]
[                                    ]
```

All Current Medications:

```
[                                    ]
[                                    ]
[                                    ]
```

Hospital Preference:

```
[                                    ]
```

Enter Hospital Preference.
(if applicable)

Health Insurance Company:

```
[                                    ]
```

Enter Insurance Company.
(if applicable)

* Parent/Guardian Sign-Off (Health):

☐

I consent to allow my son/daughter to receive emergency first aid at Western Area Career & Technology Center in the event of sudden illness or accident. If his/her condition should require treatment by a doctor, and one of the persons listed on the emergency information card cannot be reached, I further give permission for him/her to be transported by an ambulance to the nearest hospital available. I will assume the necessary expense, if any.

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+--------------------------------------+
| These boxes should be used for any   |
| student with ADD, ADHD, Anxiety,     |
| Depression, Panic Attacks, etc. that |
| are medically treated with medicine. |
+--------------------------------------+
```

Student Contact Information & Submit:

Student Contact Information   ⊕ Add

* Name

| First Name | Middle N | Last Name |

* Contact Type:

Student Guardian ▼

Custodial Parent: ☑

* Relationship to Student:

[   ] ▼

* Contact Gender:

[   ] ▼

* Phone

| Phone Type ▼ | 999-999-9999 | Exte | ☐ Unlisted | ⊕ Add |

Email Address

| Email Type ▼ | Email Address | ⊕ Add |

Same as Household Address: ☐

Guardian Mailing Address

| Suffix | Number | Street ▼ |

| Apartment |

| Po Box |

| City ▼ | Pennsylvania ▼ |

| Zip Code | Zip 4 | United States of Americ ▼ |

💾 Submit