



# Cecil County School of Technology



Dear Applicant,

Thank you for taking the time to apply to Cecil County School of Technology. Due to a limited number of spaces available to students per program, there is a competitive application process for enrollment. Please be sure to **follow all instructions** carefully and meet established deadlines.

Applicants should review the course descriptions for each program in the Student Education Planning Guide to learn about prerequisite courses, certifications available, course fees, etc., before submitting an application.

You, the student, must complete the application in your own handwriting and in the space allotted. The entire completed application packet must be turned in to your home school guidance counselor no later than \_\_\_\_\_.

Applications are due to CCST by February 19, 2008. All applications received after that time will be reviewed on a space available basis.

Please follow the steps below in submitting your application to CCST:

- Step 1 - Read ALL information **before** filling out Student Application.
- Step 2 – ALL applicants must complete the Student Application.
  - A parent/guardian and high school counselor must sign application.
  - Students are to identify their first choice program with a (1) and the second choice, if applicable with a (2).
- Step 3 - ALL applicants must complete the Application essay. Please address all points in the topic. Applicants may first wish to make a copy of page on which to write a rough draft of their essay. Submit the final Application Essay word processed on a separate sheet or handwritten in the space provided in this application. The OPTIONAL essay should be done only by those students who feel they have an area in the application which needs clarification, etc.
- Step 4 - Give copies of the recommendation form to two persons (counselor, teacher, administrator). Teachers must have known the student for a minimum of one semester. Recommendation forms should be returned to the student folded, stapled and signed by the recommender.
- Step 5 - All applicants must submit the items below to the home school counselor
  - \_\_\_\_\_ Student Application (Please submit only one application per student) which includes the word processed or neatly printed application essay
  - \_\_\_\_\_ **FOLDED, STAPLED AND SIGNED** recommendation forms (2)

Once applications are received, an admissions committee will carefully review all application materials. The admissions committee will consider the following items:

- attendance
- grade point average the first three (3) semesters of high school
- 2 teacher/counselor/administrator recommendation forms which address work habits/ethics and citizenship
- essay addressing student's interest in chosen field
- prerequisite coursework

Acceptance, wait list, denial letters will be sent to the students via the counselor at the home school.

If you have any questions, please contact your home school counselor or CCST guidance counselors, Mrs. Janis Michels, at [jmichels@ccps.org](mailto:jmichels@ccps.org) or Mrs. Christy Hughes at [chughes@ccps.org](mailto:chughes@ccps.org). You may also call the CCST Guidance Office at 410-996-6252.

**CECIL COUNTY SCHOOL OF TECHNOLOGY**

**“Your Pathway to the Future”  
STUDENT APPLICATION**

NAME: \_\_\_\_\_ CURRENT GRADE: 9 10 11 12 HIGH SCHOOL: \_\_\_\_\_  
(please print)

As parent/guardian of a student considering enrolling in the Cecil County School of Technology, I understand that he/she:

- |                                                                              |                                                                            |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. Will attend school each day.                                              | 5. Will consider the selected course as a possible career.                 |
| 2. Will be required to wear trade appropriate clothing.                      | 6. Will be actively engaged in safety training provided by the instructor. |
| 3. Will behave in a mature fashion and maintain appropriate self-discipline. | 7. Will abide by all safety regulations at all times.                      |
| 4. Will participate in learning activities with local employers.             | 8. Will be expected to ride the school bus both to and from CCST.          |

As a student considering enrolling in the Cecil County School of Technology, I accept the conditions listed above:

I agree to cooperate with instructors, administrators, staff and fellow students in any way necessary to prepare myself for my chosen career.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Parent(s)/Guardian(s) please fill in the following information:**

\*Does your child have a known health condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\* This request is being made in order to comply with **Education Article 7-401 (School Health Program of the Public Laws of Maryland)** and to be as informed as possible in the event of a medical emergency.

**PROGRAM SELECTION(S)**

(All programs run for 2 semesters unless noted otherwise)

Place a 1 in front of your first choice and a 2 in front of your second choice

|  |                                |  |                                                                    |
|--|--------------------------------|--|--------------------------------------------------------------------|
|  | Allied Health                  |  | Fire Science/Emergency Medical Services                            |
|  | Automotive Technology          |  | HVAC Technology & Plumbing                                         |
|  | Carpentry                      |  | Industrial Maintenance                                             |
|  | Computer/Electronic Technology |  | Natural Resources                                                  |
|  | Cosmetology – 3 semesters      |  | Trade Experience – 2 <sup>nd</sup> semester 12 <sup>th</sup> Grade |
|  | Culinary Arts                  |  | Visual Imaging & Print Technology                                  |
|  | Electrical Trades              |  | Webmaster Technology                                               |
|  |                                |  | Welding & Metals Technology                                        |

**NOTE: Student & Parent/Guardian signatures are required before submitting this application to Guidance Counselor. This application valid only with signature of High School Guidance Counselor.**

**ATTENTION GUIDANCE COUNSELOR:** Your signature verifies this student’s eligibility to enroll in a Cecil County School of Technology program; that credits have been taken into consideration and prerequisites have been satisfied to meet graduation requirements.

\_\_\_\_\_  
High School Guidance Counselor Signature

\_\_\_\_\_  
Date

CECIL COUNTY SCHOOL OF TECHNOLOGY  
APPLICANT INFORMATION

\_\_\_\_\_  
Date received at CCST

PLEASE PRINT

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TOWN, STATE, ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

**PARENT(S) OR GUARDIAN(S)**

The following information is requested from custodial parent(s)/guardian(s).  
(This information may be used in emergency situations)

FATHER/GUARDIAN \_\_\_\_\_ MOTHER/GUARDIAN \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

The person listed below must be able to assist in locating parent(s)/guardian(s) in the event of an emergency.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

-----  
FOR OFFICE USE ONLY

\_\_\_\_\_  
PROGRAM

\_\_\_\_\_  
ACC or WL / # of points

\_\_\_\_\_  
CCST COUNSELOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTES

\_\_\_\_\_

\_\_\_\_\_







TEACHER / COUNSELOR / ADMINISTRATOR RECOMMENDATION FORM FOR  
CECIL COUNTY SCHOOL OF TECHNOLOGY

*Your Pathway  
To The Future*

**Applicant** – Print this information:

Name: \_\_\_\_\_ High School \_\_\_\_\_

Give a form to two current teachers/counselors/administrators. This form should be returned to you folded, stapled, and signed by the person who recommends you. Do not open the form.

**Recommender** – the student listed above is applying for admission to one of Cecil County School of Technology’s programs, and would like you to fill in this recommendation form. By applying, students and their parents have waived right of access to admissions information. Thank you for taking the time to provide honest classroom-based, behavioral, etc. insight about this student. Your input is vital for student selection. If you have questions, please contact Janis Michels or Christy Hughes, CCST Guidance Counselors at [jmichels@ccps.org](mailto:jmichels@ccps.org) or [chughes@ccps.org](mailto:chughes@ccps.org) or call the guidance office at 410 996-6252.

*WHEN YOU COMPLETE THE FORM, PLEASE FOLD, STAPLE AND SIGN ACROSS THE STAPLED AREA. PLEASE RETURN THE FORM TO THE STUDENT WHO WILL INCLUDE IT WITH HIS/HER APPLICATION.*

| <u><b>WORK ETHIC/INDUSTRY-RELATED CRITERIA</b></u>                                                                                                                       | <b>3</b><br>Always | <b>2</b><br>Often | <b>1</b><br>Rarely | <b>0</b><br>Never |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|--------------------|-------------------|
| <b>Problem Solving:</b> uses appropriate information, insight, critical thinking to consider ideas and to solve problems                                                 |                    |                   |                    |                   |
| <b>Classroom Achievement:</b> demonstrates enthusiasm for learning and best effort on work                                                                               |                    |                   |                    |                   |
| <b>Motivation and Initiative:</b> shows curiosity and motivation, and engages in assignments and class activities                                                        |                    |                   |                    |                   |
| <b>Collaborative Learning:</b> works well in groups, contributes to the group process, demonstrates tolerance of other’s views and willingness to accept ideas of others |                    |                   |                    |                   |
| <b>Organization:</b> Manages his/her time, resources, materials, and meet deadlines                                                                                      |                    |                   |                    |                   |
| <b>Communication:</b> demonstrates clear and organized oral and written communication                                                                                    |                    |                   |                    |                   |
| <b>Personal Ethics:</b> demonstrates integrity in the classroom and the school and a respect for others                                                                  |                    |                   |                    |                   |

\*\*\*\*\* **If there are any extenuating circumstances that you feel the committee needs to know about this student, please provide that information on the back of this form.** \*\*\*\*\*

\_\_\_\_\_ highly recommend (3)    \_\_\_\_\_ recommend (2)    \_\_\_\_\_ recommend with reservation (1)    \_\_\_\_\_ do not recommend this applicant (0)

\_\_\_\_\_ **Total Points**

\_\_\_\_\_  
Recommender’s Signature

\_\_\_\_\_  
Printed Name of Recommender

\_\_\_\_\_  
Position of Recommender

Please fold and staple this form. Sign across the stapled area. Return the stapled and signed form to the student. The student will return form with his/her application.