

**WARREN COUNTY TECHNICAL SCHOOL
 1500 ROUTE 57
 WASHINGTON, NEW JERSEY 07882
 COSMETOLOGY/HVAC/LPN 2010-2011 SCHOOL YEAR**

Social Security Number _____ **Date** _____
E-mail _____

Mr.
Mrs.
Ms. _____
 First **Last** **Initial** **Maiden Name**

Mailing Address _____
 No. & Street **City & State** **(Zip Code)** **Township** **County**

Telephone No. **Cell Phone #** **Birthdate** **Birthplace**

High School _____
 Name & Location **Date of Graduation or Date of GED**

Other Education _____

Name & Location	Course	When
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Emergency Contact _____

WORK EXPERIENCE

Employer & Address	From-to-	Type of work	Reason for Leaving

PROGRAM SELECTION:

Cosmetology _____
HVAC _____
LPN/Practical Nursing _____

***Automotive Technology-WCCC _____**

****Hospitality and Business Administration_____**

Tuition for the 2010-2011 school year for Cosmetology is \$ 5,000.00 plus an application fee of \$ 10.00 and \$ 100.00 reservation deposit.

Cosmetology Kit for the 2010-2011 school year is \$ 600.00

Tuition for the 2010-2011 school year for HVAC is \$ 5,000.00 plus an application fee of \$ 10.00, \$ 100.00 reservation deposit and \$ 100.00 for Books & Supplies.

Tuition for the 2010-2011 school year for LPN/Practical Nursing is \$ 6500.00 plus an application fee of \$ 10.00, \$ 100.00 reservation deposit, \$ 100.00 for Books & Supplies PLUS additional fees to be paid by the student for drug testing, finger printing, and software licensing. These fees will total \$ 600.00 .

*Anticipated WCCC-Associate Degree for the 2010-2011 school year.

**Anticipated course for the 2010-2011 school year at WCTS

Have you ever:

	Yes	No
A. had your driver's license suspended or revoked in any State?	_____	_____
B. used or sold drugs?	_____	_____
C. been a habitual user of drugs?	_____	_____
D. been treated for alcohol or drug abuse?	_____	_____
E. been indicated or convicted of any crime?	_____	_____
F. suffered any mental illness or been treated for psychiatric problems?	_____	_____

If yes, provide on a separate sheet of paper, a complete description of the incident(s) OR circumstances OR situation.

ADMISSION REQUIREMENT:

- ❖ **All programs have a tuition charge**
- ❖ **All current transcripts, including a high school diploma or GED**
- ❖ **\$ 10.00 application fee is required with this form**
- ❖ **Excellent attendance is mandatory**
- ❖ **Transportation is NOT available for Post Secondary Students**

The admission's committee in its evaluation of any application should have as much information as possible about each candidate. In order to expedite the release of necessary information, you are requested to sign the authorization statement. Unless all records are received prior to the consideration of your application, it may not be possible to render an appropriate decision.

I hereby authorized my school district to make available all necessary academic, health, Child Study Team Evaluations and any other documents to Warren County Technical School. I also certify that I am a resident of the town and county as listed on the first page of this application.

Applicant's Signature

Date

AFFIRMATIVE ACTION STATEMENT

It is the policy of the Warren County Technical School to provide equal educational opportunities regardless of sex, race, color, religion, national origin, and handicap and lifestyle preference, social or economic status. Copies of the affirmative action plan are available in the main office of the high school.

For Office Use Only:

Application Fee: _____

Transcript: _____

**Reservation
Deposit** _____

**Books & Supplies
Fee** _____

Student Kit Fee: _____

Tuition Payment _____