

**FULL-TIME ADULT
STUDENT APPLICATION PACKET**



CONNECTICUT STATE DEPARTMENT OF EDUCATION
Connecticut Technical High School System
Middletown

2008 - 09

CONNECTICUT STATE DEPARTMENT OF EDUCATION

CONNECTICUT TECHNICAL HIGH SCHOOL SYSTEM

Abigail L. Hughes, Superintendent of Schools
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ACCREDITATION

The New England Association of Schools and Colleges accredit the Connecticut Technical High Schools.

Mission Statement of the Connecticut Technical High School System

The mission of the Connecticut Technical High School System is to provide a unique and rigorous high school learning environment that:

- ensures both student academic success and trade/technology mastery and instills a zest for lifelong learning;
- prepares students for post-secondary education, including apprenticeships, and immediate productive employment; and
- responds to employers' and industries' current and emerging and changing global workforce needs and expectations through business/school partnerships.

Prohibition of Discrimination

It is the policy of the Connecticut State Board of Education that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, mental retardation and past/present history of mental disorder, learning disability and physical disability. Legal Authority: Article XXI of the Amendments to the Connecticut State Constitution. Connecticut General Statutes Section 4a-60, 46a-60, 46a-70, 46a-71, 46a-72, 46a-73, 46a-75, and 46a-76. Inquiries regarding Title IX of the Education Amendments of 1972 or Section 504 of the Rehabilitation Act of 1973 (which prohibit discrimination on the basis of physical and mental disability, respectively), may be made to the Superintendent, Connecticut Technical High School System, 25 Industrial Park Road, Middletown, CT. 06457, or Connecticut State Department of Education, PO Box 2219, Hartford, CT. 06145, or to the Office for Civil Rights, U.S. Department of Education, Room 222, J.W. McCormack Post Office and Courthouse Building, Post Office Square, Boston, MA 02109. The State of Connecticut is an equal opportunity/affirmative action employer.

Connecticut Technical High School System Web Site

The Connecticut Technical High School System maintains an Internet web site for each of its schools, satellites and central office. To enhance the appearance of these web sites, photographic and / or video images of students and staff will be used on one or more of the web sites. These photos and / or videos will not be used for any commercial purposes.

Fiscal Responsibility

Tuition and registration fees are set by the Connecticut State Board of Education. Current rates are available from the Business Office, Guidance Office, or Administration. Tuition and fees are due and payable by the first class session of each semester by check or money order made payable to "Treasurer, State of Connecticut" with the exact amount due and the address and phone number of the person paying. Cash will be accepted only during the normal business hours of the school. Returned checks are subject to a bad check fee. Students are required to adhere to all payment deadlines and may be dismissed from their program of study if these deadlines are not met.

Detailed information of all deadlines, current tuition rates, registration fees, Veteran's waivers, Senior citizen waivers, financial aid, and refunds are available at the school and should be obtained prior to enrolling in a program of study.

Connecticut Technical High Schools participate in the Federal Pell Grant program. At each school, there is a financial aid liaison, an individual assigned to collect student-completed materials and all other documents required for applying for financial aid in Connecticut's Technical High School System. Upon acceptance into their program of study, students wishing to apply for financial aid should make an appointment with their school's financial aid liaison or at the very least request the Connecticut Technical High School application materials, which are in addition to completing and submitting a Free Application for Federal Student Aid (FAFSA) on-line.

Overview:

The Technical High School System has offered full and part-time program for adults in a variety of programs and technologies since the inception of the school system. Full-time training is delivered to adults in an adult-only shop. Part-time training occurs in the evening through Apprentice, Extension, or Adult Bilingual programs.

FULL TIME PROGRAMS:

ADULT ONLY:

Programs available strictly for the adult learner are listed below. Program length may vary with each technology offering and may be mandated by licensure requirements. Listed below are the current adults-only programs, the locations are on the next page.

- Aviation Mechanic
- Certified Nurse Assistant
- Dental Assistant
- Dental Lab Technician
- Medical Assistant
- Licensed Practical Nurse Program
- Surgical Technician

This packet contains the following information;

- List of full time adult programs and their locations
- School addresses and phone numbers
- Full-time Application process
- Full-time Application
- Full-time adult student information sheet
- Financial aid deadline form
- Adult Physical Exam Form

The completed Adult Physical Exam Form is due by the first day of class.

An Adult Student Handbook will be distributed on the first class session.

For a complete description of the courses at each school, please visit our website, CTTECH.org.

**Connecticut Technical
High School System
2008-09
Full-Time Adult Programs**

	E. O'Brien, Ansonia	Bullard Havens, Bridgeport	Bristol T. E. C	Henry Abbott, Danbury	H. H. Ellis, Danielson	E. T. Grasso, Groton	Eli Whitney, Hamden	A. I. Prince, Hartford	Howell Cheney, Manchester	H.C. Wilcox, Meriden	Vinal, Middletown	Platt, Milford	Aviation School, Stratford	E.C. Goodwin, New Britain	Norwich	J.M. Wright, Stamford	Oliver Wolcott, Torrington	W. F. Kaynor, Waterbury	Windham
Adult only: 7 Trades/ 22 Shop Locations																			
Aviation Mechanic					X								X						
Certified Nurse Assistant							X									X			
Dental Assistant							X	X											X
Dental Lab Technician							X												
Medical Assistant												X							
Licensed Practical Nurse Program		X		X*			X	X	X		X*			X	X	X		X	X
Surgical Technician							X	X											

*Day and evening program

Full-Time Adult Program Locations

Address	Telephone Number	School Principal
Bullard-Havens Technical High School 500 Palisade Avenue / Bridgeport 06610	203-579-6333	Joseph LaVorgna
Henry Abbott Technical High School Hayestown Avenue/ Danbury 06810	203-797-4460	Jerry G. Salese
H.H. Ellis Technical High School 613 Upper Maple Street Danielson 06239	860-774-8511	Brian Mignault
Howell Cheney Satellite 170 Elm Street/ Enfield 06082	860-253-3100	Bruce Sievers
Eli Whitney Technical High School 71 Jones Road / Hamden, CT 06514	203-397-4031	E. Paulett Moore
A.I. Prince Technical High School 500 Brookfield Street/ Hartford 06106	860-951-7112	William Chaffin
Howell Cheney Technical High School 791 W. Middle Turnpike/ Manchester 06040	860-649-5396	Bruce Sievers
Vinal Technical High School 60 Daniels Street / Middletown 06457	860-344-7100	Sheila Fredson
Platt Technical High School 600 Orange Avenue / Milford 06460	203-783-5300	Gene LaPorta
E.C. Goodwin Technical High School 735 Slater Road / New Britain 06053	860-827-7736	Steve Anderson
Norwich Technical High School 590 New London Turnpike / Norwich 06360	860-889-8453	Nikitoula Menounos
J.M. Wright Technical High School P.O. Box 1416 / Stamford 06904	203-324-7363	Sidney Abramowitz
Stratford School for Aviation Maintenance Technicians Great Meadow Road / Stratford 06615	203-381-9250	Gary Kelman (Assistant Principal)
W.F. Kaynor Technical High School 43 Tompkins Street / Waterbury 06708	203-596-4302	Robert Axon
Windham Technical High School 210 Birch Street / Willimantic 06226	860-456-3879	Kirk Murad

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APPLICATION PROCESS

- All applicants must complete a Full-Time Adult Program Application for Admission. The original is to be kept in the student's file at the school.
- Along with the completed **Application for Admission**, applicants must also submit signed and dated copies of the **Full-time adult student information sheet and Financial aid deadline form**.
- All applicants must possess a high school diploma or GED.
- For the Licensed Practical Nurse Program, interested candidates must refer to the Licensed Practical Nurse (LPN) Program section of the Connecticut Technical High School System website, www.cttech.org, for the latest application and program information.
- The Licensed Practical Nurse Program and the Aviation Mechanic Program have varied start dates. **Interested candidates must check the specific school website for application deadlines.**

When applying for admission to a full-time adult only program:

- The completed application documents must be submitted to the specific technology Department Head.
- Applicants will be scheduled for an interview and/or test.
- Successful applicants will be notified in writing and given a packet containing financial aid information.



State of Connecticut Technical High School System

Application for Admission Full-Time Adult Programs

In order to be considered for admission to a Technical High School, you must:

- ◆ complete and file a signed application;
- ◆ participate in an interview at the Technical High School; and
- ◆ supply the Technical High School with a high school transcript or evidence of successfully completing the General Educational Development (GED) test; and
- ◆ submit signed and dated copies of the **full-time student information sheet** and **financial aid deadline form**.

Incomplete applications will not be processed and will be returned to the applicant

Instructions

Complete this application with the appropriate signature and high school transcript or GED certificate and return it to the guidance office of the Technical High School to which you are applying.

This application requests general information about your national origin, gender, racial or ethnic group, and primary language spoken in the home. Providing this information is voluntary. The information you do provide will be used for record-keeping purposes only; it will not be used as a factor in any action concerning education, activities or employment.

Please **print** clearly.

Student Name: _____

Technical High School applying to: _____

Trade applying for: _____

Please tell us how you heard about the adult education programs in the CTHSS.

- word of mouth newspaper ads newspaper articles cable TV
 TV ads radio ads career fairs internet other _____

Personal Information

Full Name: _____ (Last) _____ (Maiden) _____ (First) _____ (Middle)

Address: _____
(Box, Apartment, Street Name and Number)

(City or Town) (State) (Zip Code)

Mailing Address: _____
(If different) (Box, Apartment, Street Name and Number)

(City or Town) (State) (Zip Code)

Birth Date: _____ **Place of Birth:** _____
(Month/Day/Year) (City) (State) (Country)

Home Phone: () _____ **Other Phone:** () _____

Email address: _____

Emergency Contact

(Last Name) (First Name)

(Relationship) () _____ (Phone)

General Information

Gender: Male Female **Racial or Ethnic Group:** American Indian or Alaskan Native (1)
 Asian American or Pacific Islander (2)
 Black (3)
 White (4)
 Hispanic (5)

Primary Language: _____

High School graduate? Yes No

If yes, name of high school: _____

If no, do you have a GED certificate? Yes No

NOTE: A copy of your High School transcript or GED certificate must be included with this application.

Are you a U. S. Veteran? Yes No **Dates of Service** _____ **to** _____

Type of discharge: _____

Connecticut Technical High School System
2008-2009 Full-Time Adult Student Information

Tuition is set by the Connecticut State Board of Education. The current tuition rate is as follows:

Application fee (non-refundable) – regardless of whether a student is applying for financial aid - \$50.00 per student per academic year attended. **Year 1 of enrollment - due at the submission of the application; Year 2 of enrollment - due prior to fall tuition deadline.**

Tuition - Fall 2008 semester - \$1,350.00 – Due on or before first class session

Spring 2009 semester - \$1,350.00 – Due on or before first spring semester class session (program/school specific date)

For Aviation Mechanic Program (2 year program): \$5,400 Payable in 3 Installments plus a \$50 Application fee

Method of payment:

Personal check, bank check or money order - payable to “Treasurer, State of Connecticut” for the exact amount due. **Cash will be accepted only during regular business hours (8:30 a.m. – 4:30 p.m.)**

No partial payment plans will be accepted.

Alternate methods of payment (it is the responsibility of the student to initiate and follow-up on the methods listed below):

Tuition waiver – Tuition Waiver Request form (Appendix 4B from Adult Education Manual) must be submitted NO LATER THAN two weeks prior to first class session. Contact Regional Assistant Principal.

Veteran - Appendix 4B with a copy of DD-214 attached

Senior citizen-age 62 and over - Appendix 4B with copy of proof of age

If any waiver request is denied, tuition is due five class days following the date of denial letter or on or before the first class session, whichever is later.

Outside agencies (employer, WIA, etc.) - Written documentation from the agency guaranteeing payment for the student must be presented to the school prior to the tuition deadline(s) noted above.

Financial aid - a valid Student Aid Report, institutional forms, and supporting documentation (copy of 2007 signed Federal income tax return) must be on file at central office by the following deadlines (contact school’s financial aid liaison):

Students returning to continue/complete their program in fall semester, 2008: due June 2, 2008 -

Students beginning enrollment in fall semester, 2008: due 2 weeks before the program start date

Students beginning their program in December, 2008 or January, 2009: due 2 weeks before the program start date

If a student is deemed ineligible for financial aid, tuition is due five days following the denial notification, or by the semester tuition deadline, whichever is later. If a student is notified that their financial aid award will not cover the entire semester tuition cost, the balance due (after pending grant award) is due five days following the student’s signature on their award notice or by the regular tuition deadline, whichever is later

If direct payment deadlines or at least one of the alternate method deadlines are not met, the student will be dismissed from his/her program of study immediately.

Refunds: All requests must be in writing to the Regional Assistant Principal within 14 days of the first class session except for military and serious illness requests.

Amounts

100% of tuition – request made prior to 1st class session.

60% of tuition – within 14 calendar days of the 1st class session.

Withdrawal due to military action or serious illness

100% - must be supported by written documentation by military or medical professional.

Dismissed students - if a student is dismissed from his/her program of study (regardless of length of program) for attendance, grades, or disciplinary reasons, no refund will be made.

Attendance:

Regular attendance by students is a critical aspect of the educational process and is closely monitored. Students with attendance problems will be dismissed from the program.

I have read and understand the above:

Student Signature _____ Printed Name _____ Date _____

2008-2009 FULL-TIME ADULT FINANCIAL AID DEADLINE FORM

NAME OF SCHOOL _____

PROGRAM _____

PROGRAM START DATE _____

Please read and take note of the DEADLINES below. Students who have not met these deadlines **will be required to pay their tuition in full on or before their first class session, per semester.**

Check the appropriate box below and complete the bottom of this form. Submit this form to the financial aid liaison at your school.

I WILL NOT apply for a Pell grant for the 2008-2009 school/award year. I will pay my tuition on or before the first class session at the beginning of the school year and the beginning of the second semester.

I WILL apply for a Pell grant for the 2008-2009 school/award year. I understand that I may not receive financial aid if the following materials are not received in the CTHSS Central Office by the deadlines stated below.

It is the student's responsibility to be sure they have **all the information and materials** that are **required to apply for financial aid** and ***follow up*** on the status of their application materials.

1. Valid Student Aid Report/ISIR, (www.fafsa.ed.gov)
2. Signed Federal 1040/A/EZ, and
3. Completed CTHSS Application package (obtained from school financial aid

liaison)

DEADLINES

- **Current students returning to continue/complete their program in Fall semester must have all their information and materials submitted by June 2, 2008.**
- **All other students must have all their financial aid information and materials submitted 2 weeks before the program start date listed above.**

It is the student's responsibility to know and comply with all requirements and regulations of the Federal student aid programs in which they participate (**Pell grant only**). Financial aid awards may be reduced or cancelled if the requirements of the award are not met.

I understand that if I do not meet the financial aid application and submission deadlines, I will be **REQUIRED TO PAY ANY OUTSTANDING TUITION AND FEES** in full, or I **WILL BE DISMISSED FROM THE PROGRAM**. I understand that partial payments will not be accepted. (Submission deadlines include completing, correcting, adding requested information from the financial aid administrator within 2 weeks of request.)

I understand that if I am deemed **INELIGIBLE FOR FINANCIAL AID**, I **WILL PAY ANY TUITION AND FEES THAT I OWE** in full **WITHIN FIVE CLASS DAYS OF THE DENIAL**, or I **WILL BE DISMISSED FROM THE PROGRAM**. I understand that partial payments will not be accepted.

STUDENT NAME (PRINTED) _____

STUDENT SIGNATURE _____ **DATE** _____

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Technical High School System -- Middletown

ADULT PHYSICAL EXAMINATION FORM

COMPLETE AND RETURN TO:

School Name and Address

STUDENT'S NAME: _____
Last First M.I.

ADDRESS: _____
Street City State Zip

PHONE: Home _____ Work _____

EMERGENCY NUMBER: _____ CONTACT PERSON: _____

TRADE/PROGRAM: _____

DATE OF BIRTH: _____

**PART I
IMMUNIZATION HISTORY**

Vaccine Type	Disease	Date	Immunization Date	Antibody Test Date*
*DPT (DT)				
TB TEST (ADULT)				
ORAL POLIO				
*MEASLES (RUBEOLA)				
*GERMAN MEASLES (RUBELLA)				
MUMPS				
CHICKEN POX				
HEPATITIS B 1				
HEPATITIS B 2				
HEPATITIS B 3				

*** Attach results of Antibody Tests**

Immunization contra-indicated for _____ Medical _____ Religious Reason.

***I certify that this applicant has the immunization required.**

TB Skin Test (Mantoux) DATE: _____ RESULTS: _____

Note: Required within one (1) year. Tine test is NOT acceptable. If test is positive, a chest x-ray MUST be Done and results MUST be attached. Mantoux testing / results MUST be submitted annually while in the program.

Chest X-ray DATE: _____ RESULTS: _____

PART II

TO BE COMPLETED BY PHYSICIAN

_____ has had a complete history and physical examination on _____.

Findings are indicated as follows:

CBC/Urinalysis _____ Blood Pressure _____ Height _____ Weight _____

Vision	Right _____	Left _____	Type of Test _____
	Right _____	Left _____	No Glasses _____
			With Glasses _____

Auditory Right _____ Left _____

Other
Sickle Cell, TB, etc. _____

_____The applicant has the following conditions, which may adversely affect his/her performance:

_____ Visual	_____ Emotional or Social
_____ Hearing	_____ Other
_____ Physical Illness or Impairment	

COMMENTS AND/OR RECOMMENDATIONS:

_____The applicant has a health condition which may require emergency action while at school.
(Please specify below - e.g., seizures, bee sting allergy, other allergy, diabetes, etc.).

_____The applicant is on long-term medication. (Please specify below).

Physician's Name (printed) _____ **Phone** _____

Signature _____ **Date** _____

Acceptable signature: Physician, Physician's Assistant or an APRN.