WORCESTER TECHNICAL HIGH SCHOOL

SPECIAL EDUCATION DEPARTMENT Vocational Opportunities and Career Pathways Program

APPLICATION DIRECTIONS:

- 1. You MUST complete all information. Please print or type in the spaces provided.
- 2. Application MUST be signed by student and parent as well as the Special Education Director or designee.
- 3. Return application to your school's Evaluation Team Chairperson.

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	CITY & STATE OF BIRTH	
HOUSE/APT NO. STREET		ZIP CODE
MAILING ADDRESS	(IF DIFFERENT)	TELEPHONE
PARENT/GUARDIAN NAME		PLEASE CHECK ONE: MOTHER
		FATHER
		GUARDIAN
ADDRESS & TELEPHONE	(IF DIFFERENT THAN STUDENT'S)	
*** By signing this applica observe your child in their	tion you agree to allow staff current classroom	from the Voc-P Program to
	ocational Opportunities and Career rovide optimal opportunities to acquent.	
any requested school records a Education Department. I unders Vocational Opportunities and requirements and policies of Wo	plication and authorize the Special nd this application to the Worceste stand that this application does no Career Pathways Program and procester Technical High School. I he admissions policy and procedures	r Technical High School's Special of guarantee acceptance into the is subject to the admissions ave read the program description
Parent's Signature		Date
-		
Student's signature		Date

SENDING SCHOOL'S SPECIAL EDUCATION DEPARTMENT:

Please forward ALL supportive documents, medical, psychological, and ALL up to date school repor including student's IEP and Transition Planning Form. SPED Director's signature is required or application will not be considered complete.	
Signature — Special Education Director/Designee	Date