



Lex La-Ray Technical Center  
High School Application for Admission

**Personal Information:** Complete all pages – please print      MOSIS Number: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Street Address if different: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ SSN: \_\_\_\_\_

Primary Parent:  Mother  Father  Guardian (relationship) \_\_\_\_\_  
(Last) (First)

Parent(s)/Guardian(s) with whom you live: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address, if different from student: \_\_\_\_\_

Alternate Parent:  Mother  Father  Guardian (relationship) \_\_\_\_\_  
(Last) (First)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address, if different from student: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION/** Individuals allowed to pick up student from LLRTC

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Due to the nature of the activities in our Technical/Career programs, we believe it is necessary to have some general medical information on all of our students. Also, in case of an emergency, we need a pre-arranged authorization from you about how to handle medical treatment. We would very much appreciate you providing us the following information:

**To be completed by a parent or guardian**

Does your child take medication on a regular basis?  Yes  No If yes, please describe: \_\_\_\_\_

In case of an emergency, I the parent/guardian give a representative of Lex La-Ray Technical Center permission to take my child to the hospital. I also give my consent to allow my child to operate all machines and equipment necessary in carrying out the requirements of the course in which he/she is enrolled.

\_\_\_\_\_  
(Parent Signature) (Date)

Does your child have any of the following conditions we should be aware of? (Check all that apply)

Hearing  Heart Condition  Epilepsy  Allergies  Diabetes  Back Condition  Other \_\_\_\_\_

Does your child have any other conditions that we should be aware of? \_\_\_\_\_

Does your child have any vision problems not corrected by glasses? If so, please describe.  
\_\_\_\_\_

Does your child have health insurance?  Yes  No

**Student Safety Pledge**

Your child will, as a part of his/her lab experience, operate machines, providing that you, the parent or guardian, gives written permission. Each student will be given proper instruction, both in the use of the equipment and in the correct safety procedures concerning it, before allowed to operate it. The student must assume responsibility for following safety practices, and we, therefore, ask that he/she subscribe to the following safety pledge.

1. I promise to follow all safety rules for my lab area.
2. I promise never to use a machine without first having permission from the instructor.
3. I will not ask permission to use a particular machine unless I have been instructed in its use and have made 100% on the safety test for that machine.
4. I promise that I will not engage in horseplay in any aspect while at Lex La-Ray Technical Center.
5. I will immediately report any accident, injury, or destruction of property to the instructor in charge.

\_\_\_\_\_  
(Student Signature) (Date)

\_\_\_\_\_  
(Parent Signature) (Date)

## STUDENT ESSAY

Name \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Program Choice \_\_\_\_\_

In the space below, please express your interest in attending the Program to which you are applying.

**(1) Why you are interested in enrolling in this program?**

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**(2) Describe what you know about careers related to this program and how it might help you reach your educational and career goals.**

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**LEX LA-RAY TECHNICAL CENTER SCHOLARSHIP  
Student Agreement**

In applying for a competitive scholarship from my school district to attend a program at Lex La-Ray Technical Center for the \_\_\_\_\_ school year, I \_\_\_\_\_ agree to the following guidelines:

1. I will have no more than five (5) absences per semester, excused or unexcused. On the sixth (6) absence I will be denied credit for that class pending the outcome of an appeals process.
2. I will maintain an acceptable conduct record at both LLRTC and my sending school. I understand that suspensions from either LLRTC or my sending school may result in removal from Lex La-Ray.
3. I will maintain a **grade of C or better** in my class at LLRTC. I understand that enrollment in the second year of a two-year program is contingent upon successful completion of the first year course with a grade of C or better and a recommendation from the Lex La-Ray Technical Center teacher.
4. I understand that additional costs may be required for my program of study that is not funded by Lex La-Ray Technical Center or the Lexington R-V School District .
5. While in attendance at LLRTC, I will conform to the dress code in effect for the program in which I am enrolled. This will include any program-related work experiences in which I participate.
6. If removed from the program for any reason, I understand that I may lose credit for courses taken at LLRTC and that I may not be able to enroll in coursework at my sending school until the next enrollment period. I understand that a year-long program earns 3 or 4 credits, and completion of a two year program will also earn an additional math credit and language arts credit.
7. By signing this form, I allow my school records to be released to Lex La-Ray Technical Center for inclusion in my LLRTC educational file.

**By signing this agreement, I acknowledge that I will abide by the above guidelines. Failure to abide by these guidelines may result in probation or dismissal from the program.**

\_\_\_\_\_ Date \_\_\_\_\_  
*Student signature*

**By signing this agreement, I acknowledge my child must meet the above guidelines and that failure to do so may result in probation or dismissal from the program.**

\_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Guardian signature*

**By signing this agreement, I acknowledge this student has reviewed the above guidelines and that his or her failure to abide by them may result in probation or dismissal from the program. I have reviewed this candidate's application and recommend him/her to this program.**

\_\_\_\_\_ Date \_\_\_\_\_  
*Counselor signature*

\_\_\_\_\_ Date \_\_\_\_\_  
*Principal signature*

\_\_\_\_\_ Date \_\_\_\_\_  
*Case Manager Signature (if applicable)*