



Upper Bucks County Technical School

Serving: Palisades, Penridge, and Quakertown

3115 Ridge Road • Perkasio, Pennsylvania 18944 • Phone: (215) 795-2911 • FAX: (215) 795-0530 • www.ubtech.org

REGISTRATION APPLICATION

A. FOR COUNSELOR			
Submission Date			
Palisades	<input type="checkbox"/>	Penridge	<input type="checkbox"/>
Quakertown	<input type="checkbox"/>	Other	<input type="checkbox"/>
Resident	<input type="checkbox"/>	Non-Resident	<input type="checkbox"/>
PA Secure ID Number			
High School ID Number			
Student First Name	MI	Student Last Name	

TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN (Please print)

A. STUDENT INFORMATION			
Social Security Number			
First Name	MI	Last Name	
Address 1	Address 2		
City	State	Zip Code	
Student Email Address	Birth Date		
Home Number ()			

B. SCHOOL INFORMATION			
Present Grade Level			
Career Objective	___ Attend Trade\Technical School (/Tech Prep)		
___ Enter Work Force	___ Attend 2 or 4 Year College (Tech Prep)	___ Armed Forces	
Gender	Ethnicity		
High School			
School District			



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C. STUDENT CONTACT INFORMATION			
Parent/Guardian 1 Information: Relationship			Title
First Name	MI	Last	
Address 1		Address 2	
City	State	Zip Code	
Home Telephone Number ()			
Work Telephone Number ()		Cell Number ()	
Email Address			
This contact should be included in correspondence			Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred language of correspondence			

C. STUDENT CONTACT INFORMATION (CONTINUED)			
Parent/Guardian Information 2: Relationship			Title
First Name	MI	Last	
Address 1		Address 2	
City	State	Zip Code	
Home Telephone Number ()			
Work Telephone Number ()		Cell Number ()	
Email Address			
This contact should be included in correspondence			Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred language of correspondence			



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Emergency Contact Person Other Than Parent/Guardian			Title
First Name	MI	Last Name	
Relationship			
Telephone Number ()			

D. STUDENT PROGRAM INFORMATION		
Preference Order	Program Name	Course Name
1		
2		
3		
4		

PROGRAM SELECTION

E. PARENT/GUARDIAN PERMISSION	
I have examined the information on this application and agree to the selection my son/ daughter is making.	
SIGNATURE	DATE



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COUNSELOR INFORMATION

TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR

F. COUNSELOR SCHEDULING			
<input type="checkbox"/> Health 1 and Physical Education		<input type="checkbox"/> Health 2 and Physical Education	
<input type="checkbox"/> Health 1 Only		<input type="checkbox"/> Health 2 Only	
<input type="checkbox"/> Physical Education Only			
<input type="checkbox"/> None			
Special Education	<input type="checkbox"/> IEP (Attach Current Copy)	<input type="checkbox"/> 504 (Attach Current Copy)	<input type="checkbox"/> Emotional Support
<input type="checkbox"/> Instructional Support Team (IST)	<input type="checkbox"/> ELL <input type="checkbox"/> Level	Act 26 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other
Special Session Requests: (AM/PM, Health, Physical Education, or other comments)			

Counselor's Signature
Date

NOTE
A student may not attend until the completed application and all supporting documents (i.e. IEP/504, Act 26) are received.
A technical school representative must attend the IEP meeting prior to enrollment (Chapter 339, PA School Code).