



**2020/2021 APPLICATION FOR ADMISSION**  
**STATE FAIR CAREER & TECHNOLOGY CENTER**  
 3201 W 16<sup>TH</sup> SEDALIA, MO 65301-2199  
 (660) 530-5806, EXT 7255

CTC USE ONLY	
PROGRAM	AM / PM
BANNER #	

**STUDENT INFORMATION**

DATE \_\_\_\_\_

SENDING SCHOOL \_\_\_\_\_ AM / PM (circle one)

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

- RACE:
- WHITE  ASIAN
  - BLACK/AFRICAN AMERICAN  NATIVE HAWAIIAN/ PAC. ISLANDER
  - HISPANIC  MULTI-RACIAL
  - AM. INDIAN/ALASKA NATIVE

SS# \_\_\_\_\_ MOSIS# \_\_\_\_\_

STUDENT DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE

CURRENT GRADE LEVEL (9) (10) (11) (12) GRADUATING YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET or BOX NO. CITY COUNTY STATE ZIP

HOME PHONE # ( ) \_\_\_\_\_ STUDENT CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

**COURSE PREFERENCE** – Please place a "1" by your first choice and a "2" by your second choice (if applicable):

- Auto Technology  Early Childhood Careers  Graphic Design  Precision Machining
- Building Trades  Industrial Equipment Maintenance  Health Occupations  Welding
- Criminal Justice  MO Options

**PARENTAL INFORMATION**

DO YOU LIVE WITH?  Both Parents  Father Only  Mother Only  Foster Parents  
 Mother & Stepfather  Father & Stepmother  Other Person/s (LISTED BELOW)

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**LIST STEP PARENT(S)/FOSTER PARENT(S)/SPOUSE OR OTHER PERSON(S) RESPONSIBLE FOR YOU IF OTHER THAN PARENT(S).**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**EMERGENCY INFORMATION**

Please list **TWO** persons to contact in case of an emergency **OTHER** than listed above (relatives, friends, neighbors).

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

State Fair Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, veteran status, or age in its programs and activities or in employment. The following persons have been designated to handle inquiries regarding the nondiscrimination policy: Director of Human Resources, Hopkins Student Services Center, (660) 596-7484, or Dean of Student Life and Development, Hopkins Student Center, (660) 596-7393. The Hopkins Center is located on SFCC's Sedalia campus at 3201 W. 16<sup>th</sup> St., Sedalia, MO 65301. Inquiries also may be directed to the U.S. Department of Education, Office of civil Rights at OCR.KansasCity@ed.gov. (Policy 1200)

Interested persons may obtain information as to the existence and location of services, activities and facilities at State Fair Community College that are accessible to and usable by persons with disabilities by contacting the Access Office, Yeater Learning Center, Room 159, SFCC, 3201 W. 16<sup>th</sup> Street, Sedalia, MO 65301, (660) 530-5832.; (Policy 2115)

Student's Name: \_\_\_\_\_

### SFCTC TRANSPORTATION PERMIT

**NOTE: The student must check with their home school and be in compliance with their driving policy.**  
I understand that in the vast majority of instances the home school will provide transportation. This permit will be utilized to grant permission for the above-named student to provide his/her own transportation to and from the Career & Technology Center. Student and parents agree to comply with all state, local, and school regulations. (CIRCLE ONE)

Yes

No

The above-named student has my permission to carry passengers in his/her vehicle or ride as a passenger in another class member's vehicle while en route to and from the Career & Technology Center.

Yes

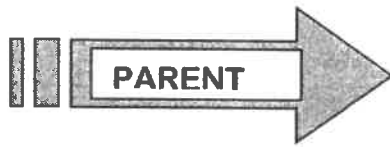
No

### PARENT/GUARDIAN PERMISSION FOR FIELD TRIPS

I grant permission for the above-named student to go on school sponsored field trips in Sedalia and surrounding areas during this school year.

Yes

No



\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

### PERMISSION FOR TESTING

I do hereby consent to pre-program assessments, Accuplacer, National Career Readiness Certificate, and Technical Skills Assessment to be used for placement and certifications.

### RELEASE OF INFORMATION

I authorize the disclosure/release of academic, attendance, health, special education and discipline records between the student's sending school and State Fair Career and Technology Center for the purposes of eligibility determination, placement and providing appropriate educational services.

I, the undersigned, do hereby consent and request that the resume, registration card, and references received from me during the course of the Pre-employment Seminar be used by the State Fair Community College and the Career & Technology Center Career Services Office in recruiting employers in the area of my stated interest and that the State Fair Community College Career Services Offices may share any information in my placement folder with a prospective employer in an effort to assist me in obtaining employment.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

***If the person signing is under 18 years of age, consent is also to be given by parent or guardian as follows:***

I hereby certify that I am the parent or guardian of the student named at the top of this page, a minor, and hereby authorize the foregoing on behalf of him or her.



\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

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## STATE FAIR CAREER & TECHNOLOGY CENTER

### STUDENT HEALTH QUESTIONNAIRE

Student's Name \_\_\_\_\_

**Do you have:**

All No

Allergies            No    Yes    To drugs, food, insects, pollen, other. \_\_\_\_\_  
                                   No    Yes    Has the allergy required an emergency action in the past?

Asthma                No    Yes    Triggered by \_\_\_\_\_ Treatment \_\_\_\_\_  
                                   No    Yes    Diagnosed by doctor \_\_\_\_\_ Date \_\_\_\_\_

Diabetes              No    Yes    Date Diagnosed \_\_\_\_\_ Insulin (No) (Yes)

Seizures              No    Yes    Describe seizure \_\_\_\_\_  
                                   No    Yes    Date of last seizure \_\_\_\_\_ Medication \_\_\_\_\_  
                                   No    Yes    Currently under Dr. Care for seizure (No) (Yes)  
                                   No    Yes    If Yes, Dr.'s Name \_\_\_\_\_

Heart/Lung Problem    No    Yes    Describe \_\_\_\_\_  
                                   No    Yes    Any physical restrictions \_\_\_\_\_

Bone/Joint Problem    No    Yes    Describe \_\_\_\_\_  
                                   No    Yes    Any physical restrictions \_\_\_\_\_

Bowel/Bladder Problem    No    Yes    Describe \_\_\_\_\_  
                                   No    Yes    Any physical restrictions: \_\_\_\_\_

Vision Problem        No    Yes    Describe \_\_\_\_\_  
                                   No    Yes    (not correctable by glasses)

Hearing Problem        No    Yes    Describe \_\_\_\_\_  
                                   No    Yes    Tubes (No) (Yes) Hearing Aids (No) (Yes) Deaf (left) (right)

504 Plan              No    Yes    \_\_\_\_\_

Other: Please explain \_\_\_\_\_

List any physical or special needs of the applicant as addressed by the Americans with Disabilities Act

**In case of emergency I authorize SFCTC school personnel to take or have taken the above-named student to the nearest emergency room facility and contact his/her private physician. If the physician stated below is not available, I agree to have the physician on call take care of the immediate illness or emergency. I understand and acknowledge that hospital, doctor, and ambulance fees are the responsibility of the parent and student.**

Name of physician: \_\_\_\_\_  
IF NONE PLEASE NOTATE

Physician's phone number: \_\_\_\_\_

Insurance Info: \_\_\_\_\_



\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

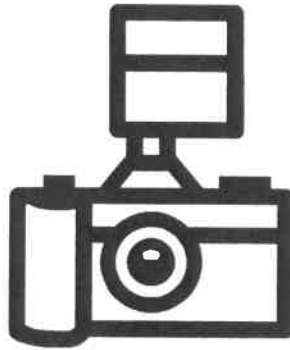
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Student's Name: \_\_\_\_\_

## PHOTO, VIDEO, AND STATEMENT RELEASE FORM

State Fair Career & Technology Center takes pictures of students periodically for the purpose of student recognition in area newspapers and publications. Pictures or videotaping may also be used in Power Point presentations, videos, or on the SFCC/SFCTC web site in order to publicize student activities and recognize student achievements. We also use pictures to describe the school's technical programs to possible future students. Your signature on the following release form is appreciated.



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By signing this agreement, I hereby consent to the use of photos, videos, and statements, including my name and voice, by SFCC/SFCTC in publications or publicity campaigns as the school deems appropriate.

I hereby waive the right to inspect or approve such completed photograph, video, or advertising materials used in connection therewith and waive any future monetary payment or compensation for such use.

\_\_\_\_\_  
**NAME OF STUDENT (Please Print)**

\_\_\_\_\_  
**STUDENT SIGNATURE**



\_\_\_\_\_  
**PARENT SIGNATURE (If student is under 18 years old)**

\_\_\_\_\_  
**DATE**

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# State Fair Career and Technology Center Paragraph Form

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Applicant's Name

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Sending High School

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CTC Program Applying For

All CTC applicants must complete a paragraph as part of the admissions process. How do you see State Fair's career training program meeting your career goals?

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What are your educational objectives after high school graduation?

- Certificate
- Degree Seeking
- Enter the job market
- Military

My decision to apply to SFCTC was influenced by (check all that apply):

- Friend's recommendation
- Parent(s) recommendation
- High school counselor's recommendation
- State Fair Career & Technology Center representative visit
- My visit to State Fair Career & Technology Center
- State Fair Career & Technology Center Student Guide
- High School Course Guidebook