



Application Process

Thank you for considering Vocatio Career Prep High School!

Complete all pages of the application and make sure that both student and parent/guardian sign in all the appropriate places.

Submitted applications must be accompanied by the following:

Application Check List

- Latest report card
- Standardized test result
- Proof of income (*2018 1040, SNAP statement, SSI statement*)
- Medical and Dental forms
- Completed Application
- \$25 Application Fee

Return the completed application to 629-633 West Hunting Park Ave, Philadelphia, PA 19140. Or email to info@vocatioschool.org

Interview Process

Once your complete application has been processed:

A parent/student meeting with the Principal will be set up. Once you are accepted you will receive an informational packet which includes calendars, schedules etc.

If at any time you may have a question, you may contact us at 215-821-8823 or info@vocatioschool.org

Vocatio Career Prep High School
Admissions

Guardian Contact Information

Mother/Guardian

Name: _____

Primary Phone: _____

Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Legal Access to Records: Yes / No

Primary Language: _____

English Proficiency: Yes / No

Preferred Method of Contact: Phone / Email / Both

Father/Guardian

Name: _____

Primary Phone: _____

Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Legal Access to Records: Yes / No

Primary Language: _____

English Proficiency: Yes / No

Preferred Method of Contact: Phone / Email / Both

Student Information

Student Name

Last _____ First _____

Middle _____

Date of Birth: _____ Age: _____ Male or Female

Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Student Cell Phone: _____

Primary Language: _____ English Proficiency: Yes / No

Student Educational Experience

School History (in order)

Elementary Schools Attended	Highest Grade Level Completed	Any significant events?
Middle Schools Attended	Highest Grade Level Completed	Any significant events?
High Schools Attended	Highest Grade Level Completed	Any significant events?

Student Educational Experience

Questionnaire

Has the student ever received services from a Special Education Department at any time during schooling? Yes / No
If so, describe the received services.

Has the student ever been out of school for an extended amount of time? If yes, explain:

Have there been any obstacles from past schools that have hindered the success of the student? If yes, explain:

*List support people or programs the student and/or family currently have which contribute to the development of the student (coach, pastor, friends, counselor, etc.)

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Medical & Psychological Report

Does the student wear glasses or contacts? Yes / No

Does the student wear a hearing aid? Yes / No

Identify all illnesses or disorders s/he has been officially diagnosed with at any time in his/her life: None

- Asthma Conduct Disorder Anxiety Disorder
- ADD/ADHD Tuberculosis Depression Schizophrenia
- Learning Disability Hepatitis Bipolar Disorder
- Oppositional Defiance Emotional Disability
- Seizure Disorders Borderline Eating Disorders
- Hearing Disability

List and describe other medical or psychological concerns or conditions not identified above.

*Does the student currently see a therapist? Yes / No

*Has the student seen a therapist in the past 5 years? Yes / No

Does the student have any known allergies? If so, list all allergies:

No Allergies

List all medications s/he is currently taking or supposed to be taking (*including as needed medications*): No prescription medications

Medication	Dose	For Condition...	Taken at School?	Side Effects	NA

Additional Contact List

Local Doctor:

Name: _____

Primary Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Counselor or Psychologist:

Name: _____

Primary Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Company:

Provider: _____ Policy# _____

Emergency Contact: (non-parent)

Name: _____

Primary Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: (non-parent)

Name: _____

Primary Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medical Consent Agreement

Vocatio Career-Prep High School may, at my child's request, provide Acetaminophen, Ibuprofen, Tums, or antihistamine as needed without further parental permission.

Parent/Guardian Signature: _____ Date: _____

In the event that no parent or emergency contact can be made, I give permission for my child to receive necessary emergency medical treatment.

Parent/Guardian Signature: _____ Date: _____

I understand that all prescription medication brought to school must be held in the principal's office (except Asthma inhalers).

Parent/Guardian Signature: _____ Date: _____

Vocatio Career Prep High School admits students of any race, color, religion, sexual orientation, and national or ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to the students at this school. It does not discriminate on the basis of race, color, religion, sexual orientation, and national origin in the administration of its educational policies and other school administrative programs.

I affirm that I have completed this form with accurate and complete data, omitting no requested information.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Standards of Conduct Contract

Parent/Guardian

Vocatio Career-Prep High School is a Christian high school dedicated to providing a quality education in a positive environment that encourages academic excellence, high moral standards, and personal discipline. The following standards of conduct express beliefs, attitudes, and values regarding positive parental involvement that the school deems essential to the success of its students. Each parent/guardian needs to read, agree to, and apply its contents. A student under the age of 18 will not be allowed to enroll if this signed contract is not on file.

I understand that consistent attendance is necessary for success. I will provide or arrange transportation that gets my student to school before classes start each morning and home after school is over each day. I will attempt to schedule appointments after school or on days when my student does not have classes.

_____ Parent/Guardian Initials

I understand that consistent focus is necessary for success. I will not interrupt my student during class time via class room visits or by cell phone. When a family emergency occurs, I will contact the school office to get an immediate message to my student.

_____ Parent/Guardian Initials

I understand that communication is necessary for success. When questions or concerns come up, I will call or email the principal and/or teachers to discuss any relevant issues.

_____ Parent/Guardian Initials

I understand that hard work is necessary for success. I expect my student to have assignments that need to be completed at home and will provide the best possible conditions to help my student get the work completed.

_____ Parent/Guardian Initials

I understand that an investment is necessary for success. I will pay tuition to the school or help arrange for my student to complete community service hours. I understand that the school will not be able to release my child's records or diploma until this is completed.

_____ Parent/Guardian Initials

I understand that seeking help is necessary for success. If, at any time, I am having trouble meeting these expectations, I will seek help from Vocatio staff or other personal resources.

_____ Parent/Guardian Initials

I understand that these expectations are necessary for my student's success at Vocatio. I understand that any refusal or inability to follow these expectations may result in loss of my student's attempted credits and/or dismissal from Vocatio.

Parent/Guardian Signature: _____ Date: _____

Standards of Conduct Contract

Student

Vocatio Career-Prep High School is a Christ-centered, college and career prep high school dedicated to providing a quality education in a positive environment that encourages academic excellence, high moral standards, and personal discipline. The following standards of conduct express beliefs, attitudes, and values that the school deems essential to the success of its students. Each student needs to read, agree to, and apply its contents. A student will not be allowed to enroll if this signed contract is not on file.

I understand that consistent attendance is necessary for success. I will make every effort to be in class on time every day that school is in session.

_____ Student Initials

I understand that respect is necessary for success. With my words and my actions, I will show respect to other students, staff, visitors, and school property at all times. I will not demonstrate any gang affiliation or violent intentions at any time. I will resolve all conflicts peacefully, seeking help when necessary. I understand that teachers and principals are authorities and will demonstrate respect by following their directives and requests.

_____ Student Initials

I understand that hard work is necessary for success. I will complete my assignments on time, and I understand that this will frequently mean working on assignments outside of school hours. I will ask questions of my teachers whenever I am unclear about the material. I will revise my work as needed and study consistently so that I can show mastery on assessments.

_____ Student Initials

I understand that consistent focus is necessary for success. I will not use or be under the influence of drugs or alcohol during school hours or events. I will avoid the use of cell phones, music, or any other distractions during class times. I will help others remain focused by wearing school-appropriate clothing and demonstrating proper classroom behavior.

_____ Student Initials

I understand that exploring my beliefs is necessary for success. I will participate in discussions about different faiths and beliefs, whether I agree with those specific beliefs or not. I will examine what my own beliefs are and how they influence me.

_____ Student Initials

I understand that seeking help is necessary for success. If, at any time, I am having trouble meeting these expectations, I will seek help from trusted classmates, teachers, or the principal.

_____ Student Initials

I understand that these expectations are necessary for my success at Vocatio. I understand that any refusal or inability to follow these expectations may result in loss of attempted credits and/or dismissal from Vocatio.

Student Signature: _____ Date: _____

Activity & Field Trip Participation

Agreement Parent/Guardian

Name of sponsoring organization: Vocatio Career-Prep High School

Address: 629 West Hunting Park Ave, Philadelphia, PA 19140

Name of school sponsor's coordinator: Luis Acosta, Principal

Description of activity: School field trips, off-site school related activities

Date(s) and location of activity: varies; throughout the school year

Participant Information (To be completed by participant or authorized guardian)

Name of student: _____

Name of parents/guardians: _____

Primary Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact:

Name: _____ Primary Phone: _____

Is sponsor or teacher authorized to approve medical treatment? Yes No

Participation Agreement

I acknowledge that participation in the activity described above may involve risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date _____

Video & Photography Release Form

I _____ hereby grant to Vocatio Career-Prep High School ("Video / Photographer") the absolute and irrevocable right and unrestricted permission to use, re-use, display, distribute, transmit, publish, re-publish, copy, either in whole or in part, either digitally, in print, or in any other medium now or hereafter known, for any purpose whatsoever and without restriction, photographs/video taken of me, or in which I may be included; to alter the same without restriction; and to copyright the same.

I understand and agree that Video / Photographer may or may not use my name in conjunction with the photographs as he or she so chooses.

I hereby release and discharge Video / Photographer, and his or her agents, representatives, and assignees from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for invasion of privacy, right of publicity, and defamation.

Consent. I represent that I have read the foregoing and fully understand its contents. This release shall be binding upon, my heirs, legal representatives, and assigns.

Entire Agreement. This Agreement contains the entire agreement between the parties relating to the subject matter hereof and supersedes any and all prior agreements or understandings, written or oral, between the parties related to the subject matter hereof. No modification of this Agreement shall be valid unless made in writing and signed by both of the parties hereto.

Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Pennsylvania. Exclusive jurisdiction and venue shall be in Philadelphia County, Pennsylvania.

Binding Effect. This Agreement shall be binding upon and inure to the benefit of Video / Photographer and their respective successors and assigns, provided that Photographers may not assign any of his obligations under this Agreement without the undersigned's prior written consent.

Print Name of Student
Date

Student Signature

If the person appearing in the Project is under the age of 18, his/her parent or legal guardian must sign this release.

I represent that I am the parent or legal guardian of _____, that I have read and fully understand the contents of this release, and that I consent to this release.

Print Name of Parent/Guardian
Date

Signature of Parent/Guardian