

RECORDS RELEASE

The undersigned applicant's parent(s)/guardians(s) give permission for representatives of the sending school to release the applicant's records including, grades, attendance, conduct/discipline records, as well as any other pertinent information that may be required by Joseph P. Keefe Technical School for the purpose of admission.

My signature certifies that I have read and agree with the above statements.

**Guidance Department
Joseph P. Keefe Technical School
750 Winter Street • Framingham, MA 01702**

Signature of Parent/Guardian _____

Date: _____

The following information is to be COMPLETED & SIGNED by the Applicant's GUIDANCE COUNSELOR or SCHOOL REPRESENTATIVE

Has the applicant ever been suspended or expelled from school for assault, for violation of drug or weapons regulations, or for posing a danger to other students? YES: NO:

If YES, Please explain: _____

SASID Number: _____

SENDING SCHOOL RECOMMENDATION

The following is for the express use of the Joseph P. Keefe Technical School Admissions Committee. Application should be rated on the following three characteristics, presenting a consensus of opinion from professionals who know the student.

	Excellent	Above Avg.	Average	Below Avg.	Poor
Achievement in relation to ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct/Behavior/Citizenship:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation & Attitude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Counselor: Please indicate by your signature below that this application is complete, including responses to questions, student and parent signatures, grades, attendance, recommendation and student's state ID#.

Joseph P. Keefe Technical School appreciates your time and effort in processing this application.

Counselor's Signature

Date

JOSEPH P. KEEFE TECHNICAL SCHOOL

750 Winter Street • Framingham, MA 01702 • 508-416-2100 • Fax 508-416-2342

Admission Application

Directions for Applicant: Complete all required information on this application form.
PRINT or TYPE in spaces provided.

Return the completed form to:

**Guidance Department
Joseph P. Keefe Technical School
750 Winter Street
Framingham, MA 01702**

Date: _____

Student's Name:

Last

First

Middle

Joseph P. Keefe Technical School has a published admission policy that is made available to all applicants and parents(s)/guardian(s). The policy gives the admission criteria, as well as a description of the entire admission process.

This application form must be completed and submitted to the Keefe Technical Guidance Office. In addition to this application form, the applicant's current guidance counselor must submit documents that will be used for admission that includes the applicant's grades, attendance record and discipline/conduct record. For fall admission, this would be terms 1 & 2 of the current school year and terms 1-4 of the previous school year. In addition to grades, attendance and discipline/conduct, the current guidance counselor's recommendation is also included on this application. For admissions purposes a fifth criteria consisting of an interview with the applicant will also be factored into the admissions decision. Grade 9 interviews may take place at the sending middle school during the school day.

FOR KEEFE TECH OFFICE USE ONLY

Admission Status: Accept: Wait list:

Interview - _____

Grades - _____

Attendance - _____

Discipline - _____

Recommendations - _____

Total - _____



Joseph P. Keefe Technical School is committed to ensuring that all of its programs and facilities are accessible to all members of the public. We do not discriminate on the basis of age, color, disability, national origin, race, religion, sex or sexual orientation.

SOUTH MIDDLESEX REGIONAL VOCATIONAL TECHNICAL SCHOOL DISTRICT

ASHLAND • FRAMINGHAM • HOLLISTON • HOPKINTON • NATICK



STUDENT INFORMATION
To be completed by applicant

Permanent Home Address

Street Address: _____ Apt #: _____

City : _____ State: _____ Zip: _____

Mailing Address (If different from above)

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth: ____ / ____ / ____

Present School Attending: _____ Current Grade: _____

What grade are you applying for? _____.

If you're applying for Grades 10, 11, or 12 - What Vocational Programs would you like to enroll in?

(Please list your preferences by placing a 1, 2, or 3 next to each program)

- | | | |
|---------------------------|-------------------------------|----------------------------|
| ___ Automotive Technology | ___ Culinary Arts | ___ Horticulture |
| ___ Business Technology | ___ Early Childhood Education | ___ Information Technology |
| ___ Carpentry | ___ Electrical | ___ Metals Technology |
| ___ Commercial Art | ___ Graphic Arts | ___ Plumbing |
| ___ Cosmetology | ___ Health Careers | |

VOLUNTARY INFORMATION SECTION
To be completed by Parent/Guardian

This information requested in this section is not required for admission. Submission of the information is entirely voluntary. Information submitted voluntarily by the applicant will not affect the applicant's admission to the school. The information, if supplied, will be used for monitoring equal educational opportunity in the school district. In addition, note that applicants with disabilities may voluntarily self-identify for the purpose of requesting reasonable accommodations during the entire application and admission process. Applicants who are English language learners or limited English proficient may voluntarily self-identify for the purpose of receiving interpretive services during the entire application and admission process.

Person with disability:

- Yes If yes, do you need accommodations during the application for admission process?
 Yes If yes, please describe the accommodations needed.

Language spoken by student: _____

Language spoken by parent: _____

Person who is an English language learner or limited English proficient:

- Yes If yes, do you need language assistance during the application for admission process?
 Yes If yes, please describe the assistance needed.

VOLUNTARY INFORMATION SECTION CONTINUED
To be completed by Parent/Guardian

Gender: Male Female

Place of Birth: _____

Ethnic Designation

Please fill in BOTH the Ethnicity and Race areas:

• Ethnicity (select one):

- Hispanic or Latino: *a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.*
 Not Hispanic or Latino

• Race (Select one or more):

- White: *a person having origins in any of the original people of Europe, the Middle East, or North African.*
 Black or African American: *a person having origins in any of the black racial groups of Africa.*
 American Indian or Alaska Native: *a person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*
 Asian: *a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.*
 Native Hawaiian or Other Pacific Islander: *a person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.*

Emergency Contact Person (Other than parent): _____

Relationship to Applicant: _____ Emergency Phone: _____

Emergency Contact Person (Other than parent): _____

Relationship to Applicant: _____ Emergency Phone: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Guardian's Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone: _____

Address of either Parent or Guardian (Not living with student):

Street Address: _____ Apt. #: _____

City: _____ State: _____