McCANN TECHNICAL SCHOOL

70 Hodges Cross Road

North Adams, MA 01247

www.mccanntech.org

413-663-5383

FAX: 413-664-9424

# POSTSECONDARY APPLICATION FOR ADMISSION

All candidates for admission to our postsecondary programs are required to provide satisfactory evidence of secondary school graduation or its equivalent.

All candidates may be required to take a basic skills or academic assessment test.

 **All candidates must submit:**

1. **Completed application form**
2. **Official high school transcripts; official HSE verification and score reports/transcripts; official college transcripts**
3. **Essay for selecting your program**
4. **Letters of reference from guidance counselors, teachers, employers, etc. (three letters are required for the practical nursing program, two are required for all other programs)**

# PERSONAL INFORMATION

(Please type or print in ink)

NAME:

 (Last Name) (First Name) (Middle Name) (Maiden Name)

ADDRESS:

 (No. & Street) (City) (State) (Zip Code)

MAILING ADDRESS (if different from above):

SOCIAL SECURITY NUMBER:

TELEPHONE NUMBER: HOME: WORK:

E-MAIL: CELL:

Are you a U.S. citizen? Yes No If not, please complete the following:

Are you a permanent resident? Yes No. If yes, alien registration number is:

If you are not a U.S. citizen or permanent resident, state your visa or immigration status in detail:

# PROGRAM MAJOR

 Dental Assisting Medical Assisting \_\_\_\_\_\_ Practical Nursing

 Surgical Technology Cosmetology

 FOR OFFICE USE ONLY APPLICATION RECEIVED

 TRANSCRIPT RECEIVED

 REFERENCES RECEIVED

 IMMUNIZATION RECORDS RECEIVED

 INTERVIEW DATE

 **(over)**

### ACADEMIC INFORMATION

LIST ALL PRIVATE, PREPARATORY OR PUBLIC HIGH SCHOOLS ATTENDED:

Name Address Graduation (Actual/Expected)Date

Name Address Graduation (Actual/Expected)Date

#### LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

Name Address Graduation (Actual/Expected)Date

Name Address Graduation (Actual/Expected)Date

### EMPLOYMENT RECORD

Employer Address Position Dates

Employer Address Position Dates

Employer Address Position Dates

Policy for work experience, experiential learning, and advanced placement available upon request.

### OPTIONAL INFORMATION

Submission of this information is entirely voluntary. The information requested in this section is not required for admission. 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.

DATE OF BIRTH: Month Day Year SEX: (F)\_\_\_ (M)\_\_\_

Nonresident Alien\_\_\_ Hispanic / Latino\_\_\_ American Indian or Alaska Native\_\_\_

Two or More Races\_\_\_ Asian\_\_\_ Native Hawaii or Other Pacific Islander\_\_\_

White\_\_\_ Black or African American\_\_\_

I certify that the information I have provided about my academic and personal history including residency is accurate and complete. Failure to disclose any required information may result in denial or cancellation of admission or enrollment. I assume the responsibility to supply the school with all required documents and records.

Signature Date Parent or Guardian Date

 (must also sign if applicant is under 18)

**Northern Berkshire Vocational Regional School District and McCann Technical School** maintain and promote a policy of non-discrimination on the basis of race, color, creed, religion, national origin, gender, age, disability, sexual orientation, gender identity, genetic information, homelessness, marital status, and veteran status.