

Center of Applied Technology North
PM 2:25-3:35 PM
Tuesday, Wednesday, Thursday

800 Stevenson Road
Severn, MD 21144-2298
410-969-3100
Fax 410-969-1967

Student Number **PLEASE PRINT** _____
Date

Legal Name _____
Date of Birth _____
Sex _____
Race _____

Street Address _____
Name of Community

City, State, Zip Code _____
Nearest intersection to the street where
you live

Circle: Student Resides with: Both Parents Mother Father Stepmother Stepfather Guardian

Male Parent/Guardian Name _____
Female Parent/Guardian Name

E Mail Address _____
E Mail Address

CAT - CAREER EXPLORATION (.5 Elective Credit)
Students attend ONE SEMESTER (Last Name A-L Semester 1; Last Name M-Z Semester 2)

Please **number** the following **groups** from **1-5** to schedule your 1st class
(#1 being the **Group** of classes you are most interested in)

- _____ Welding; Computer Networking Technology; Heating, Ventilating and Air Conditioning; Precision Machining
- _____ Auto Technology; Auto Collision Repair and Refinishing; Motorcycle Repair; Diesel
- _____ Networking Applications; Desktop Publishing; Printing; Drafting
- _____ Carpentry; Masonry; Plumbing; Electricity
- _____ Cosmetology; Health Occupations; Environmental Resource Management; Culinary; Baking & Pastry

The Anne Arundel County Public School System does not discriminate on the basis of race, sex, age, national origin, religion, disability or socioeconomic status in matters affecting employment or in providing access to programs. Questions regarding nondiscrimination should be directed to: Mr. Leslie N. Stanton, Specialist in Human Relations, Anne Arundel County Public Schools, 2644 Riva Road, Annapolis, MD 21401, Telephone: 410-222-5318.

Career Technology Requirements

1. All students must use bus transportation provided between their high schools and the Center. The bus stops for express buses will be within county guidelines.
2. **SUBSTANTIAL LEATHER BOOTS** with **SUBSTANTIAL SOLES** are required in the Center at **ALL TIMES**. Any other soft footwear is **NOT** acceptable. Lockers will be provided for shoes and clothing. Each student will have to provide their own lock.
3. Hair must be cut or controlled so it does not impair vision and cannot become entangled in machinery.
4. **SAFETY GLASSES ARE REQUIRED** and are available for purchase in all shops (\$4.00). Students **MUST WEAR SAFETY GLASSES AT ALL TIMES** in the shop area. Students may use their own prescription safety glasses USA standard (2871-1986). If these safety glasses are constructed without side shields, students will be furnished with goggles to wear over their safety glasses.
5. Work clothes appropriate to the class as designated by the instructor are necessary at **ALL TIMES**. Tank tops, hats, bare midriffs, and shorts are **NOT** acceptable. Hats may **NOT** be worn on school property. We encourage neatness in dress and appearance. Trade attire is required in some programs.
6. **GRADES AND REGULAR ATTENDANCE PLAY AN IMPORTANT ROLE** in meeting requirements or continuing in the programs. Please help by being regular in attendance. All absences must be made up by department guidelines at CATN. **Students need two separate notes written for an absence; one for their high school and one for CATN.**
7. **STUDENTS AND PARENTS SHOULD READ CATN STUDENT GUIDELINES** given to the students during the first week of classes to clarify any rules and standards set by the school and/ or Anne Arundel County Public Schools. Students are required to observe all shops rules. Safety violations will result in disciplinary action.
8. Certain programs require students to enroll in the work experience component for their senior year. Students must provide their own transportation by August 15th of their senior year for work experience.
9. I give my permission for CATN to release my name and phone number to potential employers who request leads on employees with my trade experience during my attendance at CATN and after graduation.

Student Signature _____ Date _____

I have read the above information and agree to support my student in complying with the rules listed above.

Parent Signature _____ Date _____

Office Use Only

Signature: Guidance Counselor _____ Special Education Yes___ No___

* Attach a copy of Report Card and Transcript*

Attach entire IEP and Transition Plan/504 Plan/AIS Plan

INCOMPLETE APPLICATIONS WILL BE RETURNED