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**Guest Services Management**

**at Ella T. Grasso Technical High School**

**189 Fort Hill Road, Groton, CT 06340**

**(860) 448-0220**

## Application for Guest Services Management

**Application Requirements & Procedure:**

**Student & Parent Responsibility:**

* Fill out an application and have parent/guardian sign it.
* Return application to your School Counselor to complete and submit to Ella T. Grasso Technical High School
* If selected, attend in person interview

**School Counselor Responsibility:**

* Include 9th & 10th grade transcripts and marking period grades.
* Include discipline record.
* PSAT & SBAC Scores (if unable will use STAR assessment)
* Attach a copy of the IEP, if applicable.
* Include student attendance clearly marking EXCUSED and UNEXCUSED days.
* Return the completed application to: **Ella T. Grasso Technical High School**

**189 Fort Hill Road**

**Groton, CT 06340**

**ATTN: Admissions Director: Sheila Bedard**

**Personal Information**

**(This section is to be completed by student/guardian)**

|  |  |
| --- | --- |
| **Full Name:** |  |

(Last) (First) (Middle)

|  |  |  |
| --- | --- | --- |
| **Gender:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Applicant’s Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Place of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month/Day/Year) (City/State)

**Current School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sending School Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This application requests general information about your national origin, gender, racial or ethnic group, and primary language spoken in the home. Providing this information is voluntary. The information provided will be used for record-keeping purposes only; it will not be used as a factor in any action concerning education, activities or employment.*

**Racial or Ethnic Group:**

Is the applicant Hispanic/Latino? ⬜ Yes ⬜ No

Is the applicant from one or more races (choose all that apply)

American Indian or Alaskan Native ⬜ Native Hawaiian or Pacific Islander ⬜

Asian ⬜ White ⬜

Black or African American ⬜

**Residence Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Box, Apartment, Street Name and Number)

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|  |

(City or Town) (State) (Zip Code)

|  |  |
| --- | --- |
| **Mailing Address:** |  |

(If different from residence address) (Box, Apartment, Street Name and Number)

|  |
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|  |

(City or Town) (State) (Zip Code)

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Last) (First) (Middle)

**First Parent/Guardian’s Address (if different from applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Number and Street)

|  |
| --- |
|  |

(City or Town) (State) (Zip Code)

**First Parent/Guardian’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Second Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Last) (First) (Middle)

**Second Parent/Guardian’s Address (if different from applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Number and Street)

|  |
| --- |
|  |

(City or Town) (State) (Zip Code)

**Second Parent/Guardian’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Parent’s E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Emergency Contact (1)**

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| --- |
|  |

(Last Name) (First Name) (Relationship to the Applicant) (Phone)

# **Emergency Contact (2)**

|  |
| --- |
|  |

(Last Name) (First Name) (Relationship to the Applicant) (Phone)

**Applicant’s Primary Language:**

What language did you learn to speak first? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language do you speak the most at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language is spoken the most by your parents/guardians or other persons living in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by student applicant only**. Please list activities-clubs & organizations, sports and community involvement:

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**Guest Services Management Applicant Interest Form (To be completed by Student applicant only)**

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions. You may print your answers on a separate sheet and attach to the application.

|  |
| --- |
| 1. **Why do you want to attend Grasso Technical High School’s Guest Services Management Program?** |
| 1. **What interests you to the Guest Services Management program the most and why?** |
| 1. **What are your future goals after completing the Guest Services Management program and goals after high school?** |

**Parent/Guardian must sign off on the release of records before the School Counselor can complete the application.**

|  |
| --- |
| **Release of Records** I approve this application and I, the undersigned, hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release the  (name of school)  school records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Connecticut Technical Education and Career System for the  (student applicant’s name)  purpose of admissions/placement at Ella T. Grasso Technical High School. Such records include, but are not limited to, course grades, discipline records, standardized test results, 504 Plans, IEP and/or PPT records, attendance records, school health records, records of extracurricular activities and psychological reports.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant |

**School Information to be completed by the Sending School Counselor**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_**

**Academic Information**

Please provide a complete school transcript and current marking period grades for the student. The student’s final transcript, health records, ELL program records, 504 plan, special education records (all that apply), are required for all applicants that are applying to the Guest Services Management program at Ella T. Grasso Technical High School.

For the current school year, please list the excused and unexcused absences:

Excused Absence Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unexcused Absence Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Current Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Applicant’s Behavior**

Please provide the following **required** discipline information on the above named student.

P**lease attach the student’s complete discipline record.**

Has this student participated in a violent criminal offense, as determined by State Law, while in or on the grounds of a school? ⬜ Yes ⬜ No

Has this student committed a gun-free schools violation (possession of a firearm or explosive device that resulted in expulsion)? ⬜ Yes ⬜ No

Has this student participated in an “other weapon” incident resulting in expulsion? ⬜ Yes ⬜ No

Does this student have any other discipline infractions (dangerous or criminal offenses)? ⬜ Yes ⬜ No

**Special Education, 504 and Support Services**

**Does the student receive any special education services?**  ⬜ Yes ⬜ No

If yes, date of last triennial evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the student been identified as 504 eligible and receive services?** ⬜ Yes ⬜ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the student receive any support services other than special education?** ⬜ Yes ⬜ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EL (English Learner) Support Services**

Does the student receive bilingual services? ⬜ Yes ⬜ NoIf yes, date bilingual services began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student receive ESL services? ⬜ Yes⬜ NoIf yes, date ESL program services began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you answered yes to any of the above EL support services questions, you must attach the most recent Language Assessment Scale (LAS LINKS) Student Report.**

**Required: To be completed by Sending School**

Do you recommend this candidate for admission? ⬜ Yes ⬜ No

Please explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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