



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: _____
(Month/Day/Year)

Place of Birth: _____
(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)

(City or Town)

(State)

(Zip Code)

Mailing Address: _____
(If different from residence address) (Box, Apartment, Street Name and Number)

(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)

(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:

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?
2. What interests you to the Guest Services Management program the most and why?
3. 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 _____ (student applicant's name) to Connecticut Technical Education and Career System for the 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.

Signature of Parent/Guardian Date: _____

Signature of Applicant Date: _____

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.

Please 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 No If yes, date bilingual services began: _____

Does the student receive ESL services? Yes No If 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: _____

School Name: _____ Date: _____

Signature: _____ Title: _____

It is the policy of the Connecticut Technical Education and Career System that no person shall be excluded from participating in, denied the benefits of, or otherwise discriminated against under any program, including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, or disability (including, but not limited to, mental retardation, past or present history or mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and /or federal nondiscrimination laws. The Connecticut Technical Education and Career System does not unlawfully discriminate in employment and licensing against qualified persons with prior criminal conviction. Inquiries regarding the Connecticut Technical Education and Career System nondiscrimination policies and practices should be directed to Jeffrey S. Wihbey, Superintendent of Schools, Connecticut Technical Education and Career System, 39 Woodland Street, Hartford, CT 06105, and/or, regarding race, color, national origin, age, sex and /or disability to the Office for Civil Rights, U.S. Department of Education, Boston, MA 02110-1491, telephone 617.289.0111, fax 617.289.0150 TTY/TDD/ 877.521.2172. The Connecticut Technical Education and Career System is an equal opportunity/affirmative action employer.