

Somerset County Vocational & Technical Schools
14 Vogt Drive
PO Box 6350
Bridgewater, NJ 08807
www.SCVTHS.org 908.526.8900 x7123

TOPS

Technical Occupational Preparation for Success Somerset County Vocational & Technical High School

Technical Occupational Preparation for Success (TOPS) is a nationally recognized Alternative Education program that provides high quality educational opportunities for students of Somerset County. By integrating individualized and dynamic teaching methods, TOPS reaches diverse students with varied learning styles.

TOPS helps students who need additional support to succeed in high school. We steer capable students back on the right track to graduation, a career, and a better future through academic assistance, vocational job training and counseling services.

How to Apply

Not all students who apply to TOPS are accepted. Applicants are individually reviewed by the TOPS program supervisor to ensure that each student will be appropriate for the program. All required information, including an application with the correct signatures must be submitted to the program supervisor by a student's guidance counselor. An in person interview is also required.

- Step 1:** A student is identified by their home school ("district of residence") guidance counselor as a person who might benefit from the TOPS program.
- Step 2:** Student's district of residence counselor makes contact with the TOPS program supervisor at 908-526-8900 x7123 and discusses the student's unique case with the supervisor.
- Step 3:** If the counselor and the TOPS program supervisor agree that the student may be appropriate for the program, the counselor will fill out the TOPS application as completely as possible, providing all requested documentation and ensuring that all required signatures are obtained. If no pre-printed application is available, one can be downloaded from www.scvths.org.
- Step 4:** A program intake interview and campus tour will be scheduled with the student and/or their parent(s) or guardian(s) and/or the district of residence guidance counselor.
- Step 5:** The district of residence counselor and the student's parent(s) or guardian(s) will be notified directly by telephone of the supervisor's decision. A student may be accepted, accepted with conditions, or not accepted. If a student is not accepted, that decision is final. A formal letter of acceptance will also be sent to the district of residence.
- Step 6:** The TOPS supervisor will set a start date for the student.
- Step 7:** A formal tuition contract will be issued by Somerset County Vocational & Technical Schools to the district of residence. All TOPS tuition is paid for by the district of residence.
- Step 8:** The district of residence's Board of Education will approve and return the tuition contract. The district of residence is also responsible for arranging for transportation to and from the Somerset County Vocational & Technical High School.
- Step 9:** The student begins classes at SCVTHS with the TOPS program on the agreed upon start date.

SOMERSET COUNTY VOCATIONAL & TECHNICAL HIGH SCHOOL

PO Box 6350, 14 Vogt Drive
Bridgewater, NJ 08807

Phone: 908-526-8900 Ext. 7123
Fax: 908-252-3462
WWW.SCVTHS.ORG

Office Use Only

AFFIX APPLICATION ID# HERE

TOPS PROGRAM APPLICATION

STUDENT INFORMATION – *Please Print Clearly*–

STUDENT LAST NAME STUDENT FIRST NAME STUDENT MIDDLE NAME HOME PHONE #

STUDENT EMAIL ADDRESS PRIMARY LANGUAGE SPOKEN AT HOME

STUDENT RACE (OPTIONAL) AMERICAN INDIAN ASIAN BLACK PACIFIC WHITE
(MORE THAN ONE RACE CATEGORY MAY BE REPORTED)

STUDENT ETHNICITY (OPTIONAL) HISPANIC OR LATINO NON-HISPANIC OR LATINO
(PLEASE CHECK ONE)

STUDENT GENDER MALE FEMALE

HOME ADDRESS

CITY STATE ZIP CODE STUDENT DATE OF BIRTH

CITY OF BIRTH STATE OF BIRTH COUNTRY OF BIRTH

PARENT/GUARDIAN 1 NAME RELATIONSHIP TO STUDENT

DAYTIME PHONE# CELL PHONE # EMAIL ADDRESS

PARENT/GUARDIAN 2 NAME RELATIONSHIP TO STUDENT

DAYTIME PHONE # CELL PHONE # EMAIL ADDRESS

PARENT 2 ADDRESS (IF DIFFERENT FROM PARENT 1)

EMERGENCY CONTACT RELATIONSHIP TO STUDENT

DAYTIME PHONE # CELL PHONE # EMAIL ADDRESS

WHICH PARENT(S) DOES THE STUDENT LIVE WITH? BOTH PARENTS PARENT 1 PARENT 2

STUDENT NAME (please print clearly): _____

Last Name

First Name

STUDENT'S CURRENT GRADE LEVEL 8 9 10 11

PLEASE INDICATE YOUR TECHNICAL PROGRAM PREFERENCE BY NUMBERING 1, 2, AND 3.

AUTOMOTIVE PROGRAMS

SERVICE PROGRAMS

___ AUTO BODY

___ AGRICULTURAL SCIENCE

___ AUTO/DIESEL TECHNOLOGY

___ COSMETOLOGY

___ MECHANICS AND REPAIR

CULINARY ARTS (PLEASE CHOOSE A FOCUS BELOW)

CONSTRUCTION PROGRAMS

___ CULINARY ARTS FOCUS

___ CARPENTRY

___ RESTAURANT ENTREPRENEURSHIP & MANAGEMENT

___ ELECTRICAL CONSTRUCTION

___ HEALTH OCCUPATIONS

___ PLUMBING

___ LAW AND PUBLIC SAFETY

___ WELDING TECHNOLOGY

VISUAL & PERFORMING ARTS PROGRAMS

TECHNOLOGY PROGRAMS

___ DANCE (AUDITION REQ.)

___ INTEGRATED TECHNOLOGY SYSTEMS

___ GRAPHIC COMMUNICATIONS

___ MECHATRONICS, ENGINEERING & ADVANCED MANUFACTURING
(8th Grade Full Time Applicants Only)

___ THEATER ARTS (AUDITION REQ.)

IS THIS STUDENT CURRENTLY ENROLLED AT SCVTHS IN ANOTHER PROGRAM? YES NO

PARENT/GUARDIAN AUTHORIZATION

I hereby authorize the sending school district to make available all scholastic, health, and psychological records pertaining to my child. In the event of an emergency, permission is granted to SCVTHS to transport my child to Somerset Medical Center.

I also authorize SCVTHS's Linkages School-Based Youth Services Program to provide services including job placement, life skills education, community support, crisis intervention, supportive counseling, substance abuse education and counseling, health education (birth control is NOT provided by the Linkages Program), and recreation. A student will receive services from Linkages only if the student asks for services and/or is referred for services by their parent/guardian, a school administrator or faculty member, or an outside agency providing services to the student.

X _____
PARENT SIGNATURE REQUIRED DATE

SOMERSET COUNTY VOCATIONAL SCHOOL DISTRICT'S AFFIRMATIVE ACTION POLICY

To provide equal educational opportunities regardless of sex, race, color, religion, ancestry, national origin, age, sexual orientation, handicap, or social/economic status. Contact Teresa Morelli, Title IX & Affirmative Action Officer, 908-526-8900. Ext. 7157
Inquiries regarding Section 504, Rehabilitation Act of 1973 (PL 93-112) contact Patrick Pelliccia, 504 Coordinator, 908-526-8900 Ext. 7121

PLEASE NOTE: Medical information may be shared with school personnel, on a need-to-know basis, when indicated to protect your child's health.

NJ PUBLIC RECORD AGENCY# M700106 SCHEDULE# 001 SERIES# 0051-000

Retain minimum of 3 years if denied, 100 years if accepted

SENDING DISTRICT INFORMATION

STUDENT FIRST NAME	STUDENT LAST NAME	CURRENT GRADE LEVEL
SENDING (RESIDENT) DISTRICT		
STUDENT'S SCHOOL COUNSELOR	COUNSELOR PHONE # & EXTENSION	
SCHOOL COUNSELOR'S EMAIL	SENDING DISTRICT FAX #	

School Counselors: Please ensure that the following information and signatures are included with the student's application. Incomplete applications will not be considered.

SENDING DISTRICT COUNSELOR'S CHECKLIST																																									
<p style="text-align: center; margin: 0;">FOR 8TH GRADE APPLICANTS ONLY:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; border: 1px solid black;"></td><td style="border: 1px solid black;">ALL REPORT CARDS FOR 7th GRADE AND MP1 & MP2 for 8th GRADE (6 in total)</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">6TH and 7TH GRADE STANDARDIZED TEST/NJSLA SCORES</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">DAILY ATTENDANCE FOR CURRENT AND PREVIOUS YEAR</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">DISCIPLINE RECORDS FOR CURRENT & PREVIOUS YEAR <i>include report from the student database or SIS even if none</i></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">504 DOCUMENTATION (IF APPLICABLE)</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">HEALTH HISTORY & APPRAISAL FORM A-45</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">PARENT SIGNATURE ON 1ST PAGE</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">NJ STATE I.D. NUMBER: _____</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">I.E.P. OR I.S.P AND MOST RECENT CST EVALUATION (IF APPLICABLE)</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">CHECK HERE IF STUDENT IS RECEIVING ESL SUPPORT SERVICES</td></tr> </table>		ALL REPORT CARDS FOR 7 th GRADE AND MP1 & MP2 for 8 th GRADE (6 in total)		6 TH and 7 TH GRADE STANDARDIZED TEST/NJSLA SCORES		DAILY ATTENDANCE FOR CURRENT AND PREVIOUS YEAR		DISCIPLINE RECORDS FOR CURRENT & PREVIOUS YEAR <i>include report from the student database or SIS even if none</i>		504 DOCUMENTATION (IF APPLICABLE)		HEALTH HISTORY & APPRAISAL FORM A-45		PARENT SIGNATURE ON 1 ST PAGE		NJ STATE I.D. NUMBER: _____		I.E.P. OR I.S.P AND MOST RECENT CST EVALUATION (IF APPLICABLE)		CHECK HERE IF STUDENT IS RECEIVING ESL SUPPORT SERVICES	<p style="text-align: center; margin: 0;">FOR HIGH SCHOOL APPLICANTS ONLY:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; border: 1px solid black;"></td><td style="border: 1px solid black;">ALL REPORT CARDS FOR PREVIOUS YEAR AND MP1 & MP2 FOR CURRENT YEAR (6 in total)</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">MOST RECENT STANDARDIZED TEST/NJSLA SCORES</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">DAILY ATTENDANCE FOR CURRENT AND PREVIOUS YEAR</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">DISCIPLINE RECORDS FOR CURRENT & PREVIOUS YEAR <i>include report from the student database or SIS even if none</i></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">504 DOCUMENTATION (IF APPLICABLE)</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">HEALTH HISTORY & APPRAISAL FORM A-45</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">PARENT SIGNATURE ON 1ST PAGE</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">NJ STATE I.D. NUMBER: _____</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">I.E.P. OR I.S.P. AND MOST RECENT CST EVALUATION (IF APPLICABLE)</td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;">CHECK HERE IF STUDENT IS RECEIVING ESL SUPPORT SERVICES</td></tr> </table>		ALL REPORT CARDS FOR PREVIOUS YEAR AND MP1 & MP2 FOR CURRENT YEAR (6 in total)		MOST RECENT STANDARDIZED TEST/NJSLA SCORES		DAILY ATTENDANCE FOR CURRENT AND PREVIOUS YEAR		DISCIPLINE RECORDS FOR CURRENT & PREVIOUS YEAR <i>include report from the student database or SIS even if none</i>		504 DOCUMENTATION (IF APPLICABLE)		HEALTH HISTORY & APPRAISAL FORM A-45		PARENT SIGNATURE ON 1 ST PAGE		NJ STATE I.D. NUMBER: _____		I.E.P. OR I.S.P. AND MOST RECENT CST EVALUATION (IF APPLICABLE)		CHECK HERE IF STUDENT IS RECEIVING ESL SUPPORT SERVICES
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SIGNATURE OF CASE MANAGER IF IEP ENCLOSED OR OTHERWISE APPLICABLE																																									
PRINT _____	SIGNATURE _____																																								
SIGNATURE OF DIRECTOR OF SPECIAL SERVICES IF IEP ENCLOSED																																									
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SIGNATURE OF DIRECTOR OF GUIDANCE OR PRINCIPAL (REQUIRED)																																									
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FOR ADDITIONAL QUESTIONS PLEASE REFER TO THE FAQ ON OUR WEB SITE AT WWW.SCVTHS.ORG

NOTE: APPLICANTS MUST HAVE ACHIEVED A MINIMUM 7th GRADE READING & MATH LEVEL ON THE RENAISSANCE STAR ADMISSIONS EXAM IN ORDER TO BE ACCEPTED.