

Monmouth County Vocational School District  
4000 Kozloski Road  
Freehold, NJ 07728  
732-431-7942, extension 6291  
Fax: 732-409-6736  
[www.mcvsd.org](http://www.mcvsd.org)

CONGRATULATIONS YOU SUCCESSFULLY SUBMITTED YOUR APPLICATION TO THE  
MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT

You must print the form below, have a parent/guardian sign it, and provide it to your school counselor or principal. The Monmouth County Vocational School District must receive your academic records and application checklist, or you may be ineligible for admissions.

**Cosmetology applicants** will be required to take the cosmetology test on Saturday, April 1, 2017. A letter will be mailed to all cosmetology applicants after March 19, 2017 with specific instructions about testing.

# APPLICATION CHECKLIST FOR SENDING SCHOOL DISTRICT

**Counselor: Please provide the following form and requested student records to the Monmouth County Vocational School District as soon as possible.** MCVSD 4000 Kozloski Rd, Freehold 07728

## PART I- IDENTIFICATION INFORMATION

Student Name: \_\_\_\_\_

MCVSD Program Applying to: \_\_\_\_\_

Current School: \_\_\_\_\_

Parent/guardian gives their permission for the release of the above applicant's school records to Monmouth County Vocational School District.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

## PART II- STUDENT INFORMATION

Student **State ID** Number (if applicable): \_\_\_\_\_

Public Resident District: \_\_\_\_\_ High School District \_\_\_\_\_

**Please forward the following documents to MCVSD as soon as possible or the student may not be eligible for admission. Check off what is included.**

Transcript of **all** high school grades through mid-year of current year \_\_\_\_\_

Attendance Record of **all** high school years through mid-year of current year \_\_\_\_\_

Medical Record \_\_\_\_\_ 504Plan \_\_\_\_\_ IEP \_\_\_\_\_

Standardized Test Results \_\_\_\_\_

## PART III- COUNSELOR/PRINCIPAL INFORMATION

Counselor/Principal Comment:

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

Counselor/Principal Name: \_\_\_\_\_

Counselor/Principal Phone Number and ext.: \_\_\_\_\_

Counselor/Principal Email: \_\_\_\_\_

Counselor/Principal Signature: \_\_\_\_\_

\* Medical records, 504 plans, and IEP's are kept separate from the admissions process. They may be used for placement purposes