

ADMISSION APPLICATION FORM  
**Rindge School of Technical Arts**  
459 Broadway    Cambridge, MA 02138-4198  
Telephone (617) 349-7782    FAX (617) 349-6770

The Rindge School of Technical Arts admits students and makes available to them its advantages, privileges, and courses of study without regard to race, color, sex, religion, national origin, sexual orientation, or disability.

The Rindge School of Technical Arts has a published admission policy that is made available to all applicants and parent(s)/guardian(s) as part of the admission process. The policy gives the admission criteria, as well as a description of the entire admission process.

Students attending a school that is a member of the SOLVED collaborative must first apply to their sending (home) school. By March 1 of the calendar year in which the student intends to enroll, this application form must be completed and submitted to the Rindge School of Technical Arts. In addition to this application form, the applicant must submit a letter of recommendation from an appropriate official (usually the Guidance Counselor) of their sending school; a copy of the official transcript showing the cumulative average of the previous school year and terms 1 and 2 of the current school year of grades in English language arts, mathematics, social studies, and science; the sum of absences from the previous school year and terms 1 and 2 of the current year; and, the assessment of the student's conduct in the previous school year and terms 1 and 2 of the current school year.

**APPLICANT SECTION**

**Applicant Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Home Address:** Street and Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ CTE Program: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Guidance Counselor's Name: \_\_\_\_\_

**PARENT/GUARDIAN SECTION**

**Parent/Guardian Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Home Address:** Street and Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

\_\_\_\_\_

## SENDING SCHOOL SECTION

Please submit the transcripts of grades, attendance, and discipline/conduct as required by the Rindge School of Technical Arts Admission Policy. In addition, submit a recommendation for this applicant on the Admission Recommendation Form. The Rindge School of Technical Arts provides this form, as well as the Rindge School of Technical Arts Admission Policy.

Name of School Official: \_\_\_\_\_ Phone Number : \_\_\_\_\_

I will submit the required information by March 1. Yes  No  If no, please explain.

## SIGNATURE SECTION

The statements and information furnished by the undersigned in this application form are true and complete.

The undersigned applicant's parent(s)/guardian(s) give permission for representatives of the sending school to release the applicant's records including, grades, attendance, conduct/discipline records, as well as any other pertinent information that may be required by the Rindge School of Technical Arts for the purpose of admission.

*Our signatures certify that we have read and agree with the above statements.*

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Current Guidance Counselor \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTARY EQUAL EDUCATIONAL OPPORTUNITY INFORMATION SECTION

The information requested in this section is not required for admission. Submission of the information is entirely voluntary. Information submitted voluntarily by the applicant will not affect the applicant's admission to the school. The information, if supplied, is to be used for monitoring equal educational opportunity in the school district, and in the case of disability and English language learner status, for providing the applicant with accommodations and interpretive services if requested. Applicants with disabilities may voluntarily self-identify for the purpose of requesting reasonable accommodations during the entire application and admission process. Applicants who are English language learners may voluntarily self-identify for the purpose of receiving interpretive services during the entire application and admission process.

Gender identification:  Female  Male

Racial/ethnic identification:  Black  Hispanic/(Latino/A)  Asian or Pacific Islander  Native American

Person with a Disability:  Yes If yes, do you need accommodations during the application for admission process?  Yes  
If yes, please describe the accommodations needed.

Person who is an English language learner:  Yes If yes, do you need language assistance during the application for admission process?  Yes If yes, please describe the assistance needed.

ADMISSION RECOMMENDATION FORM  
**Rindge School of Technical Arts**  
459 Broadway Cambridge, MA 02138-4198  
Telephone (617) 349-7782 FAX (617) 349-6770

**APPLICANT INFORMATION**

**Applicant Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Home Address:** Street and Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ CTE Program: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Guidance Counselor's Name: \_\_\_\_\_

*To the writer of this recommendation: Please describe your relationship with this applicant, how long you have known her/him, whether or not you recommend her/him for admission to RSTA, and comment on this applicant's academic performance, character, interests, special circumstances, and/or anything else that will provide useful insight to this person's application as a student to a Career and Technical Education program of studies.*

Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address of Recommender: \_\_\_\_\_ Phone: \_\_\_\_\_