



## **National Children's Center Career Academy**

# **ADMISSIONS APPLICATION**

### **ADMISSIONS APPLICATION FORM**

**NCC Career Academy  
6200 Second Street, NW  
Washington, DC 20011  
[www.nccinc.org](http://www.nccinc.org)**

**Telephone (202) 722-2319**

**FAX (202) 722-2503**

**email: [rjackson@nccinc.org](mailto:rjackson@nccinc.org)**

NCC Career Academy admits students without regard to race, color, sex, religion, national origin, sexual orientation or disability.

NCC Career Academy has a published admissions policy that is made available to all applicants as part of the admission process. The policy gives the admission criteria, as well as a description of the entire admissions process.

This application form must be completed and submitted to the NCC Career Academy Admissions Office prior to the start of the program. In addition to this application form, the applicant must also complete an admission's intake, which includes pre-admission academic assessments and an academic record review. In addition to grades, attendance and discipline/conduct, an interview with the applicant will also be required. Lastly, NCC Career Academy will require high school transcripts to include the applicant's grades and attendance record. A discipline/conduct record is also required. Supporting documents, such as vocational and educational assessments, Individualized Education Programs or other support plans may be requested. However, such supporting documents will be used for student-centered educational planning purposes and will not be used as a part of the criteria for admissions.

Please complete this form in its entirety. Upon completion, detach and return the form to the NCC Career Academy Admissions Office via mail, fax: or email to: **rjackson@nccinc.org**

**Mailing Address: NCCCA Admissions Office, 6200 Second Street, NW, Washington, DC 20011**

**Fax Number: (202) 722-2503**

***Please attach the following documents to the application:***

*Checklist:*    State Picture Identification Card    Birth Certificate    Social Security Card    Completed Health

APPLICANT SECTION					
Applicant Name: Last:		First:		Middle:	
Home Address	Street and Number:				
City/Town:		State:		Zip Code:	
Home Phone#:		Cell Phone#:			
DOB:		SSN#:			
High School:					
Graduation/ Last Date of Attendance:					
Highest Grade Completed:			Diploma, Certificate or GED?:		
EMERGENCY CONTACT SECTION					
Emergency Contact: Last:		First:			
Home Address	Street and Number:				
City/Town:		State:		Zip Code:	
Home Phone #:			Work Phone #:		
Home Email:			Work Email:		

NCC CAREER ACADEMY (OFFICIAL USE ONLY)	
Date Application Received: _____	Received by: _____
Interview Date: _____	CASAS Appraisal Testing Date: _____
Scores: Reading - _____ Math - _____	
Receipt of Supporting Documents: <input type="checkbox"/> State Picture Identification Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> Completed Health Certification Form	
Comments: _____	
ADMISSION DECISION: <input type="checkbox"/> Full Admission <input type="checkbox"/> Admission w/ supports <input type="checkbox"/> Academic Remediation prior to Admission <input type="checkbox"/> Denial	
ADMISSION'S OFFICER: _____	DATE: _____
APPROVED BY: _____	DATE: _____
DATE NOTIFICATION SENT: _____	PROGRAM OF STUDY: _____
START DATE: _____	

**VOLUNTARY 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 NCC Career Academy. The information, if supplied, will be used for monitoring equal educational opportunity and reporting to the Office of the State Superintendent of Education. In addition, note that applicants with disabilities may voluntarily self-identify for the purpose of requesting reasonable accommodations during the entire application and admission process as well as classroom instruction. Applicants who are English language learners or limited English proficient may voluntarily self-identify for the purpose of receiving interpretive services during the entire application and admission process.

Gender:  Female  Male

Race:  American Indian or Alaskan Native  Asian or Pacific Islander  Black  White  Hispanic  Combination of Two or More Races

Do you presently have a disability?:  Yes  No

If yes, do you need accommodations during the application for admission process or classroom instruction?  Yes  No

If yes, please describe the accommodations needed: \_\_\_\_\_

Are you presently an English language learner or limited English proficient:  Yes  No

If yes, do you need language assistance during the application for admission process or classroom instruction?  Yes  No

If yes, please describe the assistance needed: \_\_\_\_\_

**PROGRAM SELECTION**

Select One: (Check)	Program	Program Length	Program Includes:		
			National Industry-Recognized Certifications Offered	Certificate of Program Completion	Job Placement and Follow-Up
<input type="checkbox"/>	<b>Hospitality Management and Operations</b>	7 months	CPR/First Aid START Certifications: Guest Service Gold Professional and at least one of the following START Certificates. Restaurant Server or Front Desk Representative or Guestroom Attendant or Maintenance Employee	YES	YES
	<b>Hospitality Job Training Programs:</b>  <b>Hotel Guest Room Services</b>  Front Desk Representative  Guest Room Attendant  Maintenance Employee  <b>Food Services</b>  Restaurant Server	6–8 weeks	START Guest Service Gold Professional and  <b>Quick START Certifications:</b> <b>Hotel Guest Room Services</b> —Front Desk Representative or Guestroom Attendant  <b>Food Services</b> —Restaurant Server and ServSafe Food Handlers;	YES	AVAILABLE
<input type="checkbox"/>	<b>Culinary Arts</b>	10 months	ServSafe Food Managers, ServSafe Alcohol, ProStart National Certificate of Achievement Level 1 and Level 2	YES	YES

**SIGNATURE SECTION**

I verify that the statements and information furnished by the undersigned in this form are true, accurate and complete.

I the undersigned applicant or applicant's, parents/guardians give permission for representatives of the following schools or agencies to release the applicant's records, including grades, attendance, conduct/discipline records, as well the following pertinent eligibility and educational information as requested by the NCC Career Academy for the purpose of admission. As well, I give permission for NCC to discuss information regarding my records and files with representatives of these agencies.

\_\_\_\_\_ Agency \_\_\_\_\_ Agency \_\_\_\_\_ Agency

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

Signature of Student:		Date:	
Signature of Parent/Guardian: (if applicant is under 18)		Date:	



## CAREER ACADEMY HEALTH CERTIFICATE

**Student:** To be completed and submitted on or prior to the first day of class. If a physical assessment and/or tuberculosis test has been administered within the last three months, those results can be documented on this form and will satisfy the employment requirement.

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Examination Date** \_\_\_\_\_

**Section I: Physical Assessment:**  
(This section completed for students)

I have examined the above named person and certify that s/he is:

- Free from disease in communicable form and
- In satisfactory physical condition which will permit close association with children and/or dependent adults, without danger to them.

\_\_\_\_\_  
**Examining Practitioner (Signature)**

\_\_\_\_\_  
**Examining Practitioner (Print)**

\_\_\_\_\_  
Telephone Number

**Section II: Tuberculosis Test/Results**  
(This section completed for all students)

PPD \_\_\_\_\_ Administered \_\_\_\_\_ Read \_\_\_\_\_  
Date Date

**Results** \_\_\_\_\_

**CXR** \_\_\_\_\_ (For positive PPDs only)

\_\_\_\_\_  
**Examining Practitioner Signature**

\_\_\_\_\_  
**Date**

Please attach copies of the student's state identification and other requested documentation to this sheet as listed below.

- 1.
- 2.
- 3.
- 4.
- 5.



**NATIONAL CHILDREN'S CENTER  
CAREER ACADEMY**

NCC Main Campus  
6200 Second Street, NW  
Washington, DC 20011

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