

**Erie County Transition Center
Notification of Enrollment**

Student Name: _____

Student Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ PA Secure ID: _____

Parent/Guardian Name: _____

School District: _____ Present Grade: _____

Semester Applying for Enrollment: Fall Spring Both

Session Attending: AM PM

Anticipated Start Date at Transition Center: ____/____/____

Name of Referring Teacher: _____

Explain why you feel this student will benefit from the Transition Center.

Please list the career goal/objective for the applicant.

Notification of Open Case with OVR: Referral with OVR Open with OVR

*** Please include latest evaluation report and individualized educational plan
or access to IEP Writer for this student***

Special Education Supervisor Signature

Date

Return this completed form, the evaluation report, and the IEP to:
Erie County Technical School Attention: Director 8500 Oliver Road, Erie, PA 16509

Director's
Signature and Date _____

ECTS Use Only

I.C. Entry Date _____

The Erie County Technical School is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, and handicap in its activities, programs, or employment practices as required by Title VI, Title IX and Section 504. For information regarding civil rights or grievance procedures, contact the Human Resources Manager, Catherine Doty, the Title IX and Section 504 Coordinator at 8500 Oliver Road, Erie, PA 16509, 814-464-8663.