



**COTATI-ROHNERT PARK**  
**UNIFIED SCHOOL DISTRICT**  
**TECHNOLOGY HIGH SCHOOL**  
*A California Distinguished School*  
**Learning for a Lifetime**

Dear Applicant,

Fall 2025

Tech High is a Magnet school that offers a challenging, college-prep high school experience highlighting a science, math, and engineering curriculum. Project-based interdisciplinary learning and use of technology are key instructional strategies integrated into the rigorous curriculum. As a small learning community, Tech High focuses on developing strong relationships between staff, students, and parents. This makes it possible to offer personalized, hands-on, individual assistance and support to our students. When students apply to Tech High, they are choosing to enroll in an alternative educational setting and committing to high personal and academic expectations.

Please note that there are some differences in the application process for in-district and out-of-district students as follows:

**Students currently enrolled in Cotati Rohnert Park District Schools:**

- Completed application must be **given to your middle school counselor** no later than Friday, January 17, 2025
- All sections of the application must be completed prior to submission, as incomplete applications will not be considered.

**Current Out-of-District students:**

**(Students who attend a school outside of Cotati/Rohnert Park regardless of where they reside)**

- Completed applications are **due in the Tech High office** no later than 4pm Friday, January 24, 2025. See note below for email submissions.
- All sections of the application must be completed prior to submission, as incomplete applications will not be considered.

**For all applicants:**

- Please note that for priority consideration, a complete application must be received by the dates listed above. Applications received after this date will be considered pending academic eligibility and space available.
- Completed applications may be emailed to April Johnson at Technology High School ([april\\_johnson@crpusd.org](mailto:april_johnson@crpusd.org)) or mailed ATTN: April Johnson 550 Bonnie Avenue, Rohnert Park, CA 94928
  - If the application is emailed, please **fill out the ‘Subject’ line** as follows:
    - *Last name, First Name THS application 2024-2025*

If you have any questions, contact us at (707) 792-4825.

Thank you for your interest in applying to Technology High School.

-The Technology High School Staff



## Technology High School Admissions Criteria

1. Applications are due on the dates listed on page one. Applications received after this date will be accepted and considered, however pending academic eligibility and space availability. All applications are reviewed after the January 24th due date.
2. All applicants will be given a Math Diagnostic Algebra Readiness Test in February. Date TBD
3. Overall grade-point average and individual class grades are a factor in determining admittance to Tech High. Letter Grade of C or better in 8<sup>th</sup> grade course
4. Students having an active Individual Education Plan (IEP) or '504' plan requesting general accommodations in the regular classroom setting are welcome to apply to Technology High School. Please include a copy of your most recent IEP or 504 Plan with your application. In order to ensure that we can meet each student's academic needs, failure to include all 504 and IEP documentation may result in revocation of a student's acceptance at Technology High.
5. Applicants must have a pattern of acceptable attendance as verified by the school.
6. Admittance is based on a composite of all criteria not just one area.



## **APPLICATION CHECK LIST**

PLEASE COMPLETE THE FOLLOWING AND SUBMIT:

- Personal Data Form**
- Student ESSAY**
  - Three open essays.
- Student Self-Assessment**
- Student Academic Report**

Please ask your school counselor (or equivalent) to complete this summary of Academics, Discipline & Attendance.

  - Current school can mail or email it directly to us. **OR**
  - You can email it to [april\\_johnson@crpusd.org](mailto:april_johnson@crpusd.org) **OR**
  - Attach it to the application.
- If applicable**, a copy of the applicant's most recent IEP or 504 Plan **must be provided**.
- Math or Science Teacher Recommendation Form**
- Latest CAASSP Scores** or other standardized test scores.
- Parent/Guardian Questionnaire**
- Copy of current Immunization Record**
- Preliminary Enrollment Form – DOES NOT GUARANTEE ACCEPTANCE**

**PLEASE NOTE:** this *only* applies to students who attend a school outside of the CRPUSD regardless of where they reside.



PERSONAL DATA FORM

Grade applying for: 9 10 11 12

Please type or write neatly.

Student Name (print - 'last', 'first')		Preferred Pronoun/Name	Date of Birth
Mother's Name (print)			
Father's Name (print)			
Mother's Email		Student Email	
Father's Email			
Home Address ( <u>include city and zip code</u> )			
Home Phone	Mother Work Phone	Mother Cell Phone	
	Father Work Phone	Father Cell Phone	
Applicant's Current School and District			

Sibling	School of attendance

Please answer yes or no to the following: (Application is not considered complete until all boxes have been checked)

- IEP  Yes  No (**Include copy of current IEP with application**)
- ELL  Yes  No Home Language \_\_\_\_\_
- '504'  Yes  No (**Include a copy of current 504 plan with application**)
- Attendance 90% or higher  Yes  No
- Meets CDPH Immunization requirements for schools  Yes  No (**Include copy of current immunization record**)

I hereby apply for admission to Technology High School. I understand that the curriculum is challenging and college-prep, and I am expected to work hard and to the best of my abilities. I further understand that I will be required to work in groups and at times may have to assume a leadership role in a group. I understand that my admission to Tech High will be based in part on the information I have provided in this application as well as my academic records and teacher recommendations.



By signing, I authorize Technology High School to access my academic and attendance records for the purpose of the application process. I also authorize my child's Administrator, Counselor and Math or Science teacher to complete the attached evaluation forms for my child's application.

Student Signature: \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

### **Student Essay**

**Please note that the following student responses must be completed by the applicant. Responses must be TYPED and attached to the application. Responses to each prompt should be no more than 300 words each.**

- 1) Why are you interested in attending or transferring to Technology High School, a school focused on science, math, and engineering with a project-based learning approach? Students are required to complete three years of engineering and four years of science as part of the college preparation program. In your response, please explain your interest in these subjects and how you think project-based learning suits your learning style.
- 2) Please share a story or experience that demonstrates your love for learning. What sparked your interest in this area, and how has it shaped the way you approach learning today?
- 3) Please describe a project that you have completed and whether it was completed individually or collaboratively.



## STUDENT SELF ASSESSMENT

**Circle the number of each question that describes you best.**

**How comfortable are you with writing essays across content areas?**

*(Rate on a scale of 1-5 circle what best describes you)*

- 1 - Very uncomfortable
- 2 - Somewhat uncomfortable
- 3 - Neutral
- 4 - Somewhat comfortable
- 5 - Very comfortable

**How well do you perform in-group projects?**

*(Rate on a scale of 1-5 circle what best describes you)*

- 1 - I struggle with group projects
- 2 - I prefer working alone
- 3 - I do okay in group projects
- 4 - I enjoy group projects
- 5 - I thrive in group projects

**How comfortable are you with doing presentations?**

*(Rate on a scale of 1-5 circle what best describes you)*

- 1 - Very uncomfortable
- 2 - Somewhat uncomfortable
- 3 - Neutral
- 4 - Somewhat comfortable
- 5 - Very comfortable

**At Technology High, we are not always able to provide a remedial math class. How likely are you to ask for help if you are struggling?**

*(Rate on a scale of 1-5 circle what best describes you)*

- 1 - Not likely at all
- 2 - Unlikely
- 3 - Neutral
- 4 - Likely
- 5 - Very likely



**Student Academic Report     DUE: January 24, 2025**

- Parents- please sign below to give your permission to the school counselor/administrator for completing this evaluation.

**To be completed by a School Counselor or Equivalent.**

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

School District \_\_\_\_\_

School \_\_\_\_\_

**Required Documents** – Please attach the following relevant documents to this form.

- Student Transcripts
- Attendance record
- Most recent grades
- IEP or '504' Plan
- Test Results (CAASSP, other Standardized tests)

**Counselor/Administrator Comments**

(Please indicate academic promise, work habits, and overall behavior and attendance)

\_\_\_\_\_  
Signature of Counselor/Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Approval for Evaluation

\_\_\_\_\_  
Date



**Letter of Recommendation/Reference from Math or Science Teacher DUE: January 24, 2025**

Parents- please sign below to give your permission to the teacher for completing this evaluation.

Student Name	School and District
Evaluator Name	Evaluator email or phone number
Relationship to Applicant	Applicant's most recent math class

**Technology High School**, Tech High offers a challenging, comprehensive four-year high school curriculum highlighting math, science, and engineering.

The above student has applied to Technology High School and requests you as an academic reference. Success at Technology High School demands a high level of motivation on the part of the student. Please help us identify individuals with potential who will benefit and grow from the Tech High experience. Evaluate the applicant honestly. Attach additional sheets if needed. This form is confidential and will assist the Admissions Committee in their selections.

Rating:					Rating:			
	Excellent	Good	Poor			Excellent	Good	Poor
<b>Criteria</b>					<b>Criteria</b>			
Academic Potential					Flexibility			
Academic Achievement					Imagination/ Creativity			
Effort/Drive					Follows Directions			
Study Habits					Critical Thinking			
Group Work Ability					Age/Grade Maturity			
Written Expression					Integrity			
Work Completion					Leadership Potential			
Classroom Conduct					Self- Confidence			

**Overall evaluation of student:**

**How do you think this student would handle a challenging college prep environment?**

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Approval for Evaluation

\_\_\_\_\_  
Date





Technology High School  
PARENT/GUARDIAN QUESTIONNAIRE

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

Grade applying for: \_\_\_\_\_

1) Why do you want your child to go to Tech High?

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2) Why do you think Tech High is a good match for your child?

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3) Is your student willing to work in teams?

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4) Are you willing to support student team activities that require you to transport and host groups?

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5) Are there any experiences or conditions that you feel would impact your child's ability to succeed in a Project-Based Learning environment and college preparatory school?

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6) Do you have any particular concerns about sending your child Tech High?

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7) We appreciate and welcome any additional thoughts or comments you may have. Feel free to attach additional pages if necessary.

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# Preliminary Enrollment Form DOES NOT GUARANTEE ACCEPTANCE

<b>STUDENT'S NAME:</b>	Last Name:	First Name:	Middle Name:
<b>STUDENT'S LEGAL NAME:</b>	Last Name:	First Name:	Middle Name:
<b>BIRTH DATE:</b>	MONTH	DAY	YEAR
	Male <input type="checkbox"/> Female <input type="checkbox"/>		HOME PHONE NUMBER
<b>STUDENT'S AGE:</b>	Grade:		
<b>HOME ADDRESS:</b>	Street		City
			State
			Zip
Has student been enrolled in a U.S. school for less than 3 cumulative years? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATE FIRST ATTENDED U.S. SCHOOL</b>		<b>DATE FIRST ATTENDED IN CALIFORNIA</b>
	MONTH	DAY	YEAR
<b>BIRTH PLACE:</b>	City		State
			Country
<b>PARENT/GUARDIANSHIP INFORMATION – check all that apply</b>			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Caregiver Is the above checked person(s) the student's LEGAL guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please complete a "Caregiver Affidavit". If there is a legal custody agreement regarding this student, please check one (custodial documentation is required at time of registration): <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian			
<b>PLEASE COMPLETE THE FOLLOWING CONTACT INFORMATION FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES</b>			
1. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian Name: _____			
Home Phone: _____ Cell Phone: _____ Email Address: _____			
Employer: _____ Address: _____ Work Phone: _____			
2. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian Name: _____			
Home Phone: _____ Cell Phone: _____ Email Address: _____			
Employer: _____ Address: _____ Work Phone: _____			
<b>Duplicate Mailing:</b> If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their contact information:			
Name: _____ Address: _____			
City/State/Zip: _____ Contact Phone: _____			
Email Address: _____			
PARENT EDUCATION: Please indicate the highest level of either parent's/guardian's education:			
<input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> College Graduate <input type="checkbox"/> Some College or AA Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate			
<b>RESIDENCE:</b> Please check the appropriate box – where your child/family are currently living. (Federally mandated by ESSA)			
<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> In a motel <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) <input type="checkbox"/> Unsheltered (car/campsite) <input type="checkbox"/> In a shelter or transitional housing program <input type="checkbox"/> Other (please specify): _____			



Student Registration
Form Page 2 of 2

SPECIAL SERVICES: Please check any service your child has received.

- Special Education/ I.E.P. (Individualized Education Plan) 504 Gifted (GATE) English Language Learner (ELL)
Speech Counseling Other:

LAST SCHOOL ATTENDED:

Has Child Previously Attended CRPUSD: No Yes WAS CHILD EVER RETAINED: No Yes - In which grade:

SIBLINGS: Name: Birthdate: School & Grade:
Name: Birthdate: School & Grade:

STUDENT'S ETHNICITY (Please check one): Hispanic or Latino NOT Hispanic or Latino

STUDENT'S RACE (Please check up to five racial categories)

Student's Ethnicity is about ethnicity, not race. No matter what you selected under student's ethnicity, please continue to answer the following marking one or more boxes to indicate what you consider your race to be.

- American Indian or Alaskan Native Vietnamese Other Asian Samoan
Chinese Asian Indian Hawaiian Tahitian
Japanese Cambodian Guamanian Other Pacific Islander
Korean Hmong Laotian Filipino/Filipino American
African American or Black White (Persons having origins in any of the original people of Europe, North Africa, or the Middle East)

HOME LANGUAGE SURVEY\*:

- 1. Which language did your child first learn to speak? (First)
2. Which language does your child use most frequently at home? (Primary)
3. Which language do you most frequently use to speak to your child? (At Home)
4. Which language is most often spoken by adults in the home? (IFEP)
5. Has your child ever been given an English Language Proficiency Test (CELDT/ELPAC)? Yes No I don't know
6. In which language do you wish to receive written/verbal communication from the school? English Spanish

\*Students whose primary language is something other than English will be tested.

MILITARY SERVICE: Is either parent/guardian on active duty in the U.S. Armed Forces: No Yes - Army Navy Air Force
Marine Corps or Coast Guard or on full-time National Guard Duty?

Is your child on medication?: No Yes

If yes, please name:

Does your child have a medical condition of which the school should be aware?: No Yes Please provide medical diagnosis.

If yes, please describe:

My signature indicates that I have read and understand the registration form. It also certifies that the information on this form is true and correct. My signature affirms that the child resides with me at this address. I understand that any change of residency information (address, telephone number, guardianship) must be reported to the school, examined and verified within 30 days of change. Falsification of information may be grounds for invalidating the student's enrollment.

PARENT/GUARDIAN SIGNATURE:

DATE:

