

MOBERLY AREA TECHNICAL CENTER
2018-2019 ENROLLMENT APPLICATION
(please fill out completely to expedite processing)

Last name: _____ First name: _____ Middle name: _____
(sometimes we get students with the same first and last names)

Home High School: _____ current grade level: _____

Street/PO Box: _____ City: _____ Zip: _____

Home phone: _____ Parent e-mail: _____
(parent portal account information will be emailed to this address)

Parent/Guardian #1 name: _____ live with? yes no
mother father step-mother step-father other: _____
work phone number: _____ cell phone number: _____

Parent/Guardian #2 name: _____ live with? yes no
mother father step-mother step-father other: _____
work phone number: _____ cell phone number: _____

Emergency contact name: _____ phone number: _____
relationship: _____ allow to leave with student? yes no

Program choice: (Students submitting late applications will be put on a waiting list for programs and will be processed when a slot becomes available. Check with your school counselor for exact due date.)

- | | |
|---|--|
| _____ Agriculture (1-2 hour) | _____ Architectural & Engineering Design(2-3 hour) |
| _____ Automotive Technology(3 hour) | _____ Electronics & Robotics Technology(2-3 hour) |
| _____ Building Technology(3 hour) | _____ Machine Tool Technology(2-3 hour) |
| _____ Business Technology(1 hour) | _____ Marketing(1 hour) |
| _____ Collision Repair Technology(3 hour) | Medical Technology:(1-3 hour) |
| _____ Computer Information Technology(3 hour) | _____ Medical Anatomy & Pathophysiology(2 hour) |
| | _____ Pre-Med(2 hour) |
| | _____ Welding Technology(2-3 hour) |

_____ I would like to mix and match classes from the programs marked above (can only be done with 1 and 2 hour courses).
Course descriptions are available from your guidance counselor or at <http://www.moberly.k12.mo.us/> under the MATC tab.

Release of Information: The above information is considered directory information and may be released for purposes of recognizing student achievement and participation in curricular and extra curricular activities. Any student who does not want his/her name released for such purposes should contact the Director's office concerning his/her request. **Compliance Statement:** The Moberly Public Schools does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admissions or access to, or treatment of employment in its programs and activities. If you have any questions regarding compliance with Title VI, Title IX, or section 504, please contact the Superintendent of Schools or the Director of Special Education, 926 KWIX Road, Moberly, MO 65270, telephone number 660-269-2600. 092717

To be completed by guidance counselor.

Please check all that apply. If not checked, it will be assumed that the situation does not apply.

_____ IEP (case manager must send a **copy of current IEP** before application can be processed)

_____ 504 PLAN (case manager must send a **copy of current 504 plan** before application can be processed)

_____ medical condition or accommodation requires submission of an **Individualized Healthcare Action Plan**

_____ history of physical violence or threat of physical violence (a **copy of student's discipline history** must be reviewed by MATC director, before application can be processed)

_____ behavior management plan (case manager must send a **copy of current behavior management plan** before application can be processed)

_____ **Computer Information Technology (CIT) applicants only:** this student has been disciplined for a computer violation during the current school year?

_____ **CIT, Business & Technology applicants only:** this student has successfully completed a minimum of 1 year of instruction in Microsoft Office Suite? (Not required for all Business classes)

_____ student needs to earn **embedded credit in math** to graduate

_____ student needs to earn **embedded credit in communication arts** to graduate

Please circle **ONE** in **each** category:

male
female

Hispanic or Latino
Not Hispanic or Latino

White
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander

state id number: _____

birth date(mm/dd/yy): _____ - _____ - _____

current year attendance rate: _____

guidance counselor signature

date

If you have any questions, please contact Sharon Johanning, Student Services Coordinator at (660)269-2690 or sharonjohanning@moberlyspartans.org.