

**MANUAL CAREER & TECHNICAL CENTER &
EAST CAMPUS**

2007-2008 ENROLLMENT FORM

Name: _____
Last First Middle Student I. D. Number

Address _____
Street Number & Name Zip Code

Home Phone: _____ Cell Phone or other: _____

High School _____ Gender: (x) _____ Female _____ Male

Grade Level (Circle One) 10 11 12 Year of Graduation: _____ Birth Date: _____
Month/day/year

Counselor's Name: _____ Community/House/ Conservatory: _____

First Program Choice: _____

Second Program Choice: _____

My signature below indicates that I am committed to complete the full year program.

Student's Signature Date Parent's Signature Date

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DISTRICT PERSONNEL ONLY _____ **A. M. Session** _____ **P. M. Session (X)**

GPA _____ **(S520)** **Attendance** _____ **(%-L304)** **Credits** _____ **(S520)**

I recommend the above student for enrollment in the Career & Technical Education (CTE) program.

Signature (High School Counselor) Recommended CTE Program Date

If not recommended, please list reason(s): _____

SPECIAL EDUCATION:

Signature, Case Manager Date

MCTC USE ONLY:

Received: _____

Current IEP is attached, including accommodations.

Request career evaluation for placement and recommendations. SPED: _____
Date

Request a conference with: _____ Entered: _____
Section Date

White Copy: MCTC Yellow Copy: High School Pink Copy: Student