

Moberly Area Technical Center

2020-2021 Enrollment Application

Home High School: _____

Last Name: _____ First Name: _____ DOB: _____ Grade: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Parent email: _____

Parent/Guardian #1 Name: _____ lives with? Yes No

Mother Father Step-mother Step-father Other: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian #2 Name: _____ lives with? Yes No

Mother Father Step-mother Step-father Other: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact – Name: _____ Relationship: _____

Phone number: _____

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 extracurricular 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 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. 100114

Program Selection: Late applicants need to indicate top three programs choices in order of preferences (1st, 2nd, 3rd). If programs are over enrolled, late applicants will be the first to be removed.

_____ **Automotive Tech** (3 hour)

_____ **Collision Repair** (3 hour)

_____ **Architectural & Engineering Design** (3 hour)

_____ **Machine Tool** (3 hour)

_____ **Building Tech** (3 hour)

_____ **Computer Info. Tech** (3 hour)

_____ **Electronics & Robotics** (3 hour)

_____ **Welding** (3 hour)

_____ **Agriculture**

___ Landscape & Turf Management (2 hours)

___ Ag. Metals I/II (1 hour)

___ Large Animal Science (1 hour)

___ Ag. Woods (1 hour)

___ Horticulture (1 hour)

_____ **Marketing & Business Technology** (all 1 hour)

___ Advanced Marketing I/II

___ Advertising & Sales/Hospitality

___ Marketing

___ Employment Essentials

___ Digital Media I/II

___ Graphic Arts I/II

_____ **Medical Technology**

___ Pre-Med (2 hour)

___ Medical Anatomy/Physiology (2 hour)

___ Mental Health/Forensic Medicine (1 hour)

___ Med Skills/Terminology (1 hour)

This Section is to be Completed by your School Counselor

Student Name: _____

State ID Number: _____

Current year Attendance %: _____

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 that requires submission of an **Individualized Healthcare Action Plan**

_____ History of physical violence, 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.

_____ **Marketing, 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)

Please Circle One in each category:

Male
Female

Hispanic or Latino
Not Hispanic or Latino

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

School Counselor Signature: _____

Date: _____

All documentation will be reviewed by MATC staff before students can be enrolled in programs. Students submitting late applications/documentation will be put on a waiting list for programs and will processed when a slot becomes available. If you have any questions, please contact Sammie Richardson, Student Services Coordinator at (660)269-2690 or samantharichardson@moberlyspartans.org

This section for use of MATC Staff Only

_____ Date Application Received	_____ Returning Student	_____ IEP/504 to Career Resource Coordinator
_____ Student entered in SIS	_____ Schedule in SIS	_____ Embedded Credit – ELA Math