

# Moberly Area Technical Center

## 2022-2023 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 (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>). 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 be processed when a slot becomes available. If you have any questions, please contact Kristie Wilson, Student Services Coordinator at (660)269-2690 or [kristiewilson@moberlyspartans.org](mailto:kristiewilson@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