

# APPLICATION FOR ADMISSION

Please print all information clearly

6800 Hoke Road, Englewood, OH 45315

Phone (937) 837-7781

Fax (937) 854-6255

www.mvctc.com



STUDENT NAME \_\_\_\_\_  
Last First Middle

SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_ SCHOOL LAST ATTENDED / PRESENTLY ATTENDING \_\_\_\_\_

ARE YOU CURRENTLY PURSUING A STATE OF OHIO HONORS DIPLOMA?  YES  NO

IF YES, LIST THE HONORS DIPLOMA YOU ARE PURSUING: \_\_\_\_\_

STUDENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MALE  FEMALE STUDENT PERSONAL EMAIL ADDRESS \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

NAME \_\_\_\_\_ NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS (if different from student) \_\_\_\_\_ HOME ADDRESS (if different from student) \_\_\_\_\_

NEXT YEAR GRADE STATUS  11  12 ADULT T-SHIRT SIZE:  SM.  MED.  LRG.  XL  2 XL  3XL

FIRST CHOICE CAREER PROGRAM NAME \_\_\_\_\_

SECOND CHOICE CAREER PROGRAM NAME \_\_\_\_\_

PARENTS / GUARDIANS: Permission is granted for my son/daughter to apply for admission to MVCTC. I also, hereby, grant permission for any requested student records, including the End of Course (EOC) exams, be released to MVCTC. The district will use the EOC scores to determine whether the student needs to retake any parts of the EOC's in order to fulfill Ohio state graduation requirements and to place the student in the appropriate classes. The student information will only be disclosed to school officials and authorized representatives. This district will not re-disclose the information. As a parent/guardian I recognize that it is my responsibility to devise a credit recovery plan with my son/daughter's high school guidance counselor for any credit deficiencies my child may have. Additionally, I have reviewed the required course descriptions and suggested skills for success for the programs selected.

PARENT / STUDENT COMMENTS \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF GUARDIAN/PARENT \_\_\_\_\_ DATE \_\_\_\_\_

(OFFICE USE) DATE ACCEPTED \_\_\_\_\_ PROGRAM \_\_\_\_\_

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To be completed by partner school counselor. Please attach student's transcript.

Is this student a resident of your school district?  YES  NO

IF NO, list status (example: Open Enrollment, Tuition, Court Placed, etc.)

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## END OF COURSE EXAM SCORES: (0 – 5 or NT = Not Taken)

ALGEBRA \_\_\_\_\_ GEOMETRY \_\_\_\_\_ MATH 1 \_\_\_\_\_ MATH 2 \_\_\_\_\_ BIOLOGY \_\_\_\_\_

ENGLISH 1 \_\_\_\_\_ ENGLISH 2 \_\_\_\_\_ AM HISTORY \_\_\_\_\_ AM GOVERNMENT \_\_\_\_\_

Is English this student's second language?  YES  NO

IF YES, what language is spoken in the household? \_\_\_\_\_

## LIST DEFICIENCIES that cannot be met at MVCTC and how they will be satisfied

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## COUNSELOR COMMENTS

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## COUNSELOR APPLICATION CHECK-OFF

PARENT /GUARDIAN SIGNATURE  TRANSCRIPT  COURSE REQUEST FORM(S)  SUGGESTED SKILLS REVIEWED

SIGNATURE OF COUNSELOR \_\_\_\_\_ DATE \_\_\_\_\_

Directions for open enrolled students can be found at [www.mvctc.com/partner-schools](http://www.mvctc.com/partner-schools).

The Miami Valley Career Technology Center is dedicated to providing equal admission opportunities, equal educational opportunities, and equal employment opportunities without regard to race, religion, color, national origin, ancestry, age, sex, sexual orientation, handicap, marital status, or veteran status.