

# Application For Admission

Please print all information clearly.

OFFICE USE

Date Accepted \_\_\_\_\_ Program \_\_\_\_\_



Student Name \_\_\_\_\_  
LAST FIRST MIDDLE

School District of Residence \_\_\_\_\_ School Last Attended/Presently Attending \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ City of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Male  Female  E-Mail Address \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_ Home Address (if different from student) \_\_\_\_\_

Next Year Grade Status  11  12

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 Ohio Graduation Test (OGT) scores, be released to MVCTC. The district will use the OGT scores to determine whether the student needs to retake any parts of the OGT 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.

Parent/Student Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian/Parent \_\_\_\_\_ Date \_\_\_\_\_

