



Office use only:
___ Attendance
___ IEP if applicable
___ Principal Signature
___ Counselor Signature
___ Parent Signature
___ Student Signature
___ Teacher Signature

**Current MTC High School Student
Online Curriculum Application**

The purpose of this form is to verify that the below mentioned student has contacted school officials about his/her intent to pursue enrollment in the Online Curriculum Program and that the school agrees to allow said student to pursue enrollment. The student must already be enrolled in a full-time Meridian Technology Program to be considered for the Online Curriculum Program for Credit Recovery or Initial Credit.

All courses need to be completed by the second Friday of May to receive credit.

Student Name: _____

This student is authorized to take the following course(s) for:

___ **Initial Credit** ___ **Credit Recovery.**

Course Title	Semester(s)
Class _____	A ___ B ___
Class _____	A ___ B ___

Principal Signature/Date

Counselor Signature/Date

Teacher of Record Signature/Date

Credit Recovery Courses:

English

- English I A-B
- English II A-B
- English III A-B
- English IV A-B

Mathematics

- Algebra I A-B
- Algebra II A-B
- Geometry A-B
- Pre-Algebra A-B
- Trigonometry A

Science

- Biology A-B
- Earth Science A-B
- Chemistry A-B
- Physical Science A
- Environmental Science A

Social Studies

- U.S. History A-B
- World History A-B
- World Geography A-B
- U.S. Government A

Other

- Personal Financial Literacy A
- Art History (Humanities) A
- Economics A-B

Other Courses Available

Policies & Procedures:

Upon acceptance to the Online Curriculum Program at Meridian Technology Center, the applicant and the parent/guardian do hereby agree to comply with the Board-approved policies and procedures including, but not limited to, the student handbook.

Student Signature/Date

Parent Signature/Date



MERIDIAN TECHNOLOGY CENTER

1312 South Sangre Road, Stillwater, Oklahoma 74074-1899
Tel: (405) 377-3333 Fax: (405) 377-9604 www.meridiantech.edu

Current MTC High School Student Online Curriculum Application

Date of Enrollment _____ Grade _____ Sending High School _____

Career Major _____ Instructor _____ A.M. ___ P.M. ___

Student (Last) _____ (First) _____ (Middle Initial) _____

Birthdate _____ Sex: M ___ F ___ Social Security # _____ - _____ - _____

Student cell phone number () _____ State Testing # _____

Parent / Guardian Information

Mother's Name _____ Address _____

City/State/Zip _____ Phone Number () _____

Occupation _____ Employer / Address _____

Work Phone Number () _____ Parent Cell Phone () _____

Father's Name _____ Address _____

City/State/Zip _____ Phone Number () _____

Occupation _____ Employer / Address _____

Work Phone Number () _____ Parent Cell Phone () _____

Responsible Adult – In case parent cannot be reached

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone Number () _____ Work Number () _____

For more information, please contact:
David Shelton at 405-377-3333 ext. 303 or rdavids@meridiantech.edu