

## 2024-2025 New High School Student Application for Admission

High S	chool Counselor
-	include:
i icasc	
	_Transcript
	_Assessments (PreACT, etc. (if applicable)
	_Attendance
	_IEP/504/ELL (if applicable)
Ente	r State Testing ID here (If not on transcript)
	. ,
Homos	school/Virtual School Add'l Items
Homes	
	Affidavit of Homeschooling
	Proof of Age (Birth Cert. or DL/Permit)
	_Immunization Record
	Immunization Record Proof of enrollment on virtual school
	Proof of enrollment on virtual school
	Proof of enrollment on virtual school letterhead (Virtual students only)
	Proof of enrollment on virtual school

Please print legibly in blue	e or black ink—please wri	ite dark where co	opies are legible.)	Proof of	ad (Virtual students only)  f Residence (water or elec. bill hysical location of address)
_egal First Name	Mide	dle Name	La	st Name	
Nickname		T-Shi	irt Size 🗆 S 🗖 M 🗖 L 🗖	IXL <b>□</b> 2XL <b>□</b> 3XL	_ <b>□</b> 4XL
Date of Birth(MM/DD/Y	Place of Birth	·	(city and state)		Sex: □F □M
Student Cell#		_ Student Ema	ail		
Mailing Address			City	Sta	ate Zip
Current High School			Currel	nt Grade (circle or	ne) 9 10 11  lolarship appl if graduating May 2024)
Has a member of your	family attended Merid	ian? □YES or	·	o? □Parent □	
Primary Choice Progra	<b>m</b> (see pg. 4)				
Optional) Secondary C	Choice Program (see p	g. 4)			
		(A secon	nd choice is not required if you on	ly want your 1st choice)	
Prefer to Attend: □AN Please keep in mind your clas					on? □YES or □NO
		•	s and Procedures		Meridian Technology Center.
also give permission for the h Plan, if applicable. I understar	igh school to release confide that all records are confide 18 years of age have the righing to the Family Educational Technology Center gives the but not limited to social medichool year that permission is in a program at Meridian Technology	ntial records containtial and will only but to request record Rights & Privacy // school permission lia, the website, race withheld.	ined in my child's Individual pe reviewed by Meridian states. Individuals 18 years of a Act (FERPA).  It to utilize the student's photologic promotions, newspaper applicant and the parent/get applicant appl	ized Education Prog ff who serve my child age or over must give tograph and name in and videos unless w	ram (IEP), 504 Plan, or Health d. I understand that parents or e permission for information to a public relations efforts and written notice is given to the
Signature of Stud	dent	Signat	ure of Parent/Guardian	<u> </u>	Date
Applications will not be consadmission.	sidered for acceptance unti	l completed in ful	l and signed. Completion	of this application	does not guarantee
Meridian Office Use ONLY	Student ID		Date Received at MTC:		_
Accpt	Bio	Interest	Notes	Health	Registration
	Address	Internet	Add'l Med Info	_ Diabetes	Code
WL	Application	Photo	Allergies	Emerg	Session
	1 <sup>st</sup>	Excursion	Release Info	Holds	Start Date
Declined	2 <sup>nd</sup>	Workkeys	_	Status Ind	Post to Bill
	Emergency	New Enrollment	App/Student	Program	_
Denied				Antic Grad Date	Advisors
				Bio Lvl	
Disposition				OK Lvl	-

-		nclude topics pertaining to the student's education at Meridiar
Parent/Guardian 1 First Name Last Nam		
Cell #	Work #	Relationship to student
Mailing Address	City	State Zip
Email Address		
Parent/Guardian 2 First Name	Last	Name
Cell #	Work #	Relationship to student
Mailing Address	City	State Zip
Email Address		
FOR STUDENTS 18 YEAR	S OF AGE AND OLDER—Re	elease of student information to parent or guardian
I hereby give my permission to Meridian Toparent(s) or guardian(s) listed above. This		information about my grades and/or attendance records to my til revoked in writing.
Signature of Adult Student (18-	+ years of age)	Date
	PERMISSION FOR EMERGE	ENCY MEDICAL CARE
Please <u>only mark one</u> box, sign and dat	e below.	
treatment for myself or my minor student such decision.	while at school or on a school	eline Meridian Technology Center from seeking any medical I-sponsored activity. I understand the possible consequences for
		nergency medical care for any serious injuries incurred by myself I understand billing for said medical care will be sent to me.
Signature of Parent/Guardian or Adult	Student	Date
	MEDICAL INFO	PRMATION
Emergency contact (other than pare	nt/guardian)	Relationship
Cell#	Home	#
Is student diabetic? □YES □NO If Y	es, please attach your diab	etic plan.
Is the student currently taking medicat	ions? □YES □NO If yes,	, list:
Does the student have any allergies?	□YES □NO If yes, list:	
Does student carry an Epi-pen for aller	gies? □YES □NO	
Has student had a tetanus shot in the p	past 10 years? DYES DNO	0
P.	ARENT/GUARDIAN PERMIS	SSION FOR EXCURSION
	allowed to participate in field	, a student at Meridian Technology trips within the Meridian Technology Center district. In the case tudent requesting permission from parent or guardian.
Signature of Parent/Guardian		Date

In order for us to be able to communicate with parents and guardians of our minor students, any information provided in this

## WORKKEYS ASSESSMENTS

Okla Okla	ahoma Department of Commerce and the Oklahoma Depart ahoma). By signing below, I give permission to release mine	t of their training program. WorkKeys scores are uploaded to the ment of Employment Security (Oklahoma Job Link/Workforce or my minor child's results to those agencies. I also understand that ssible to employers if I give the certificate number to an employer.
	Signature of Parent/Guardian or Adult Student	Date
	TRAN	SPORTATION
		onsible for transportation choices if district transportation is not selected
	BEFORE	THE INTERVIEW
resp	dent - Please respond to the following questions in your own conses with the Meridian Technology Center admissions repudwriting.	handwriting using complete sentences. Be prepared to discuss your resentative during your interview. <b>Must be in student's own</b>
1.	Why do you want to be in the program you chose? (Write a determine program placement.)	least two paragraphs and give a detailed response as this will help
2.	Describe how this program relates to your future plans after	high school.
3.	COSMETOLOGY ONLY: Please describe how you would be	ouild a good relationship with someone.
4.	COSMETOLOGY ONLY: What is good customer service to	you?

## **Programs Available**

Please place a 1 next to your primary choice and a 2 next to your secondary choice (if applicable)

	Air Conditioning & Refrigeration
	Automotive Technology
	Biomedical Sciences – STEM Academy *Must complete additional application materials (only 9th and 10th graders can apply)
	Business Technology – Administrative Assistant
	Business Technology – Entrepreneur
	Carpentry
	CNC Machining
	Collision Repair Technology (AM only)
	Computer Aided Drafting (CAD) – Architectural
	Computer Aided Drafting (CAD) – Mechanical
	Cosmetology *Must complete additional application materials as well as pay the kit fee of approximately \$500 after accepted Criminal Justice
	Digital Media – 3D Animation and Motion Graphics
	Digital Media – Digital Video Advanced Technician
	Digital Media – Graphic Design Specialist
	Digital Media – Web Designer
	Early Care Education/Teacher Prep
	Electrical Technology
	Electrical Utility Line Worker (Seniors and adults only) (PM only)
 Please nui	Health Careers (*Must complete additional application materials); mber the following list in the order in which you prefer to take courses. Please understand that we will try to level classes so this may not be the exact order in which you choose.
	Health Careers – Medical Assisting
	Health Careers – Phlebotomy/Intro to Emergency Medical Response
	Health Careers – Pre-Nursing
	Health Careers – Pre-Rad Tech/Limited Licensed Radiology Technician
	Health Careers – CORE (this must be taken with another career path in order to graduate as a part time student in one year)
	Industrial Technology
	Information Technology – Cyber Crime Specialist
	Information Technology – Cyber Security & Network Defense Analyst
	Information Technology – IT Programming Specialist
	Information Technology – Network PC Support Specialist
	Information Technology – Network Systems Engineer
	Information Technology – PC Support Technician
	Pharmacy Technician (Seniors only) *Must complete additional application materials
	Power Production and Distribution (AM only)
	Pre-Engineering Technology – STEM Academy *Must complete additional application materials; (only 9 <sup>th</sup> and 10 <sup>th</sup> graders can apply)
	Underground Utility Locator Technician (Seniors and Adults Only)
	Welding Technology

Meridian Technology Center does not condone nor will it tolerate any form of discrimination based on of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information in its programs, services, activities and employment.