

Muskegon Area Career Tech Center
Student Registration Form 2016/2017

200 Harvey Street, Muskegon 49442 Phone: (231) 767-3600 Fax: (231) 767-2692

Student/Parent Information

Home School Student ID #: _____
(Required)

Student Name: _____
Legal Last Name *Legal First Name* *Middle Initial*

Address: _____
Street Address *City* *Zip*

Birth Date (mm/dd/yy): _____ **Gender:** Male Female **What grade will you be in during the 2016-2017 school year?** _____

Home Phone: (____) _____ - _____

Parent/Guardian 1: _____ Relationship: Mother Father Step Parent Guardian Other
Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Lives With Student: YES NO
Email: _____ Receive Information: YES NO

Parent/Guardian 2: _____ Relationship: Mother Father Step Parent Guardian Other
Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Lives With Student: YES NO
Email: _____ Receive Information: YES NO

Emergency Contact: _____ Relationship: _____
Primary Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____

Race/Ethnicity (check one):
 White American Indian/Alaska Native Asian American
 Black/African American Hawaiian/Pacific Islander Hispanic/Latino
For Federal Reporting Only

I am committed to being successful at the Career Tech Center.

Student Signature _____ *Date* _____
Student Email: _____

Photo Release:
The MACTC may publish, or authorize publication of, photographs or videos in which my son/daughter appears for educational, editorial, or promotional purposes. I understand that photographs published on the Internet will not display the child's name or any other personally identifiable information.
 YES NO

Field Trips:
MACTC students will be involved in planned educational field trips. I hereby give my full consent for my son/daughter to participate; for using the transportation provided; and for the supervising staff to authorize medical care in the event of an emergency.
 YES NO

Does your son/daughter qualify for free or reduced lunch?
 YES NO

Parent Signature _____ *Date* _____

High School Personnel Information

Student UIC #: _____

District Attending: _____

EDP/Recommended

Pathway:

(First & Second Choice)

- Arts & Communication
 Engineering/Manufacturing
 Human Services

- Business, Management, Marketing, & Technology
 Health Sciences
 Natural Resources & Agriscience

Student's Chosen Pathway:

(First & Second Choice)

- Arts & Communication
 Engineering/Manufacturing
 Human Services

- Business, Management, Marketing, & Technology
 Health Sciences
 Natural Resources & Agriscience

(**PLEASE print EDP**, and include it with the Registration Form.)

Program Placement:

Course _____

Session: AM PM

Academic Credit:

Seeking credit for:

- English Language Arts (*Only AHT, AS, BC, CCM, CJ, EVS, FOH, GPT, HSA, INST*)
 4th Year Math (*Only ACR, AS, BC, CAD, CCM, CT, ECT, GPT, INST, MET, WT, FOH*, HSA**)
 Technical Math Pull-Out Class** (*Only ACR, BC, ECT, EVS, GPT, INST, MET, WT*)

* 4th Year Math Credit is only recommended in Foundations of Healthcare and Health Science Academy when students choose to pursue the optional Pharmacy Tech certification.

** Students must have a personal curriculum allowing them to substitute Technical Math for Algebra II in the Michigan Merit Curriculum.

*** Completing any MDE-approved formal CTE program may allow students to substitute these CTE credits in place of:

- 1 Credit of Science AND
- 1 Credit of World Language

I understand that students will not be admitted to their class at the Muskegon Area Career Tech Center without the following paperwork completely and accurately filled out and given to the CTC prior to their arrival.

- Registration Form (**MUST** have Parent and Student Signatures!)
(Photo Release, Field Trip, and Free and Reduced Lunch **MUST** be checked Yes or No.)
- Transcript for entire 15-16 school year.
- EDP must be up-to-date and complete. (**PLEASE print EDP**, and include it with the Registration Form.)
- IEP or 504 (If Applicable.)

Background Check Forms are required for the following classes:

(Please inform any students that you register for these classes about this requirement.)

- Criminal Justice
- Allied Health Technology
- Foundations of Healthcare
- Health Science Academy

Counselor Signature _____

Date _____