



MTI High School Application

MTI Program 1st Choice: _____ Anticipated Admission Date: _____

MTI Program 2nd Choice: _____

MTI Program 3rd Choice: _____

Last Name: _____ First: _____ Middle: _____ Appendage: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security#: _____ / _____ / _____

High School Attending: _____ Current Grade: _____

Do you need transportation from and to MTI? Yes ___ No ___ Email: _____

Please explain why you would like to attend MTI. _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Classes: _____ Exceptional Student (E.S.E.) * _____

E.S.E Case Manager Signature

When is the preferred placement Time? _____ Even Odd **Full_Time**

High School Counselor Approval: _____

I verify the student has a 2.0 GPA as required for dual enrollment.

District Local ID _____ Student State ID: _____ Student Alias ID: _____

Accepted For Program: _____ Date: _____

MTI Counselor: _____

Accepted placement Time? _____ Even Odd Full_Time

Notes: _____

