



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 First 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:**

**Science**

- Biology A-B
- Chemistry A-B
- Physical Science A-B
- Environmental Science A-B
- Physics A-B
- Earth and Space Science A-B

**Mathematics**

- Algebra I A-B Remedial
- Algebra II A-B
- Geometry A-B
- Pre-Calculus A-B
- Statistics and Probability A-B
- Intermediate Math A-B
- Trigonometry A

**Social Studies**

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

**English**

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

**Other**

- Personal Financial Literacy A
- Art History I (Humanities) A-B
- Intro to Art A-B
- Health Education A

- Computer Applications A-B
- AP Calculus AB A-B
- AP Statistics A-B

**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:  
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Carol Herring 405-377-3333, [carolh@meridiantech.edu](mailto:carolh@meridiantech.edu)