Middle Technical College High School

at

TCATN Portland

Enrollment Application

DE program requested: _____

Student Information

Student _____
Last Name First Name M.I.

Address _____

City _____ State _____ Zip _____

Current Sumner County Public School _____ Current Grade _____10th – ____11th

Age ____ Date of Birth ___/____/_____ Male _____ Female _____ ___

Home Phone _____ Cell Phone _____

Male _____ Female _____ Student E-mail _____

Parent(s)/Guardian(s)

Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

E-mail Address _____

Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

E-mail Address _____

Academic Information

How many credits will you have earned toward graduation? _____

What is your overall GPA? _____ What was your last semester's GPA? _____

Are you in good standing at your present high school? _____Please explain any unusual circumstances.

_____

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