



MERIDIAN TECHNOLOGY CENTER

1312 South Sangre Road, Stillwater, Oklahoma 74074-1899
Tel: (405) 377-3333 Fax: (405) 377-9604 www.meridiantech.edu

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
Art Appreciation 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



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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