

TTC STUDENT APPLICATION INFORMATION

Tuscola Technology Center • 1401 Cleaver Road • Caro, MI 48723 • 989.673.5300

PLEASE PRINT

Date	Legal Last Name	Legal First Name	Middle Initial
Street Address			
City	State	Zip	Home Phone
Date of Birth (month/day/year)	Sex M F	Expected Graduation Year	
Racial Ethnicity (Please Check One) <input type="checkbox"/> Am Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other <input type="checkbox"/> White			

Parent/Guardian (Primary)	Home Phone	Cell Phone	Work Phone
Other Adult in Home	Relationship	Cell Phone	Work Phone
Address (If different than above)		City	Zip
Parent/Guardian (if separate household)	Home Phone	Cell Phone	Work Phone
Other Adult in Home	Relationship	Cell Phone	Work Phone
Address (If different than above)		City	Zip

Home School	First Choice Program
Session Applying for: AM ___ PM ___ Either ___	Second Choice Program
New Enrollee ___ Returning Student ___	Third Choice Program
Previous Program	Career Pathway (must have for Co-Op enrollment purpose)

Student Signature and Date

Home School Counselor Signature and Date

Parent/Legal Guardian Signature and Date

<p>To Be Completed By Counselor ___ Regular Ed. ___ Special Ed</p> <p>UIC Number _____ If not on accompanying transcript</p>
