



“Growing great minds and caring hearts”

2017-18 ENROLLMENT APPLICATION INFORMATION

Applications for the lottery are due by Friday, March 3, 2017.

Applications received after this date will be placed on the Waiting List.

The lottery will be held on March 10, 2017.

To apply, complete this application and submit it to the Main Office (H1.5) only.

Applications must be submitted in person.

Applications submitted via fax, mail or email WILL NOT be accepted.

Upon submission, a receipt will be issued as proof of application. Incomplete applications will not be accepted.

Submit each item listed below, as required.

ENROLLMENT APPLICATION CHECKLIST

1. ____ MITA Student Registration Form (attached)
2. ____ Immunization Records
3. ____ Transcript from previous school (10th grade and higher only)
4. ____ Legal verification of guardianship (for Guardians only)

Students who enroll must attend a mandatory orientation with their Parent/Guardians. Those who fail to attend the orientation will not be enrolled and will be placed at the bottom of the waiting list.

Students who fail to attend the first three (3) days of school will be disenrolled.

For additional information, please visit our website at www.mitacademy.org.



Mare Island Technology ACADEMY STUDENT REGISTRATION FORM

OFFICE USE ONLY:

WL # _____

PLEASE PRINT ALL INFORMATION CLEARLY

Today's Date:	School Year Applying For:
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STUDENT INFORMATION

Student's last name:	First:	Middle Initial:	Grade Level Applying For:
Is this your legal name? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, what is your legal name?	Birthplace:	Birth date:
		Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address:		Mailing Address (if different):	
Primary Phone:	Email Address (will be used for communications):	Additional Email (optional)	

FAMILY INFORMATION

Name:	Address:	Relationship to student:	Lives with student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address:	Mobile Phone:	Home Phone:	Work Phone:
Name:	Address:	Relationship to student:	Lives with student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address:	Mobile Phone:	Home Phone:	Work Phone:

SIBLING INFORMATION

	Yes	No
Sibling currently enrolled at MIT Academy?	<input type="checkbox"/>	<input type="checkbox"/>
Applying with another sibling for this school year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list their names:		

OTHER SCHOOL INFORMATION

Current School Attended:	Address:	Phone:	Date Last Attended:
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I hereby certify that information provided in this application is true and correct. I understand that I am required to notify the school office of any changes.

Signature of Parent / Legal Guardian

Date