TTC STUDENT APPLICATION INFORMATION

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

PLEASE PRINT

Date	Legal I	Last Name	e	Legal First Name		Middle Initial	
Street Address			E-Mail Address	-Mail Address			
City State			Zip		Home Phone		
Date of Birth (month/day/year)			Sex M F		Expected C	Expected Graduation Year	
Racial Ethnicity (Am Indian/Ala	Please Check One) Iskan NativeAsian	n America	n B	lackHispan	icNative Hawaiia	nn/Other White	
Parent/Guardian (Primary)			ionship	Home Phone	Cell Phone	Work Phone	
Other Adult in Ho	Relati	onship		Cell Phone	Work Phone		
Address (If different than above)			. <u>. </u>		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 C	ounselor Signature an	d Date	
Parent/Legal Guardian Signature and Date				To Be Completed By Counselor Regular Ed Special Ed			
				UIC Number If not on accompanying transcript			