

**Application for Manatee High School OJT – 2025-2026**  
**Return to Mr. Stallard, Davis Bldg., Room 8-218**

Please PRINT and use dark blue or black INK. Follow all instructions exactly. Remember the application is your first impression to me. It is also how I am determining who will be admitted into the OJT program. Answer all questions.

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Your Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age Now \_\_\_\_\_ Do you drive now to school? \_\_\_\_\_ Tag No. \_\_\_\_\_

If you don't drive, how will you leave school for OJT? \_\_\_\_\_

List school activities you have or will participate in \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Employed at \_\_\_\_\_ Employed at \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Where? \_\_\_\_\_

How long? \_\_\_\_\_ Full Address \_\_\_\_\_

Your Job Duties \_\_\_\_\_ Hours you work per week \_\_\_\_\_

Are you looking to increase/decrease or keep your hours the same once enrolled in OJT?

Work Phone \_\_\_\_\_ May I contact your employer for a recommendation? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Do you intend to keep this job for DCT/OJT? \_\_\_\_\_

What are your plans after high school: Straight to work, Vo-Tech, Junior College, College, etc?

What do you consider to be your major assets?

What do you consider to be your major weaknesses or liabilities?

**\*\*On an attached paper, please type a letter to me explaining why deserve this opportunity to be in the OJT/DCT program. Please include any special circumstances or any other information that may be helpful in deciding who will be admitted. There are many rules/regulations that are associated with the OJT program, as well as many privileges. This letter will help me determine your reasoning for wanting to be in OJT and at the same time should assure me that you are responsible enough to be in OJT.**

Please list 2 teachers at MHS that know you and would give you a positive recommendation:

- 1.
- 2.

ALL QUESTIONS MUST BE ANSWERED ON THE APPLICATION.

ATTACH WITH A PAPER CLIP:

- COMPLETED AND SIGNED APPLICATION
- TYPED LETTER TO ME (AS DISCUSSED ON APPLICATION)
- COMPLETED YELLOW DOCUMENTATION SHEET (FROM VARIOUS OFFICES)

TURN IN THE COMPLETED PACKET TO MR. STALLARD IN ROOM 8-218 (DAVIS BLDG.) OR GIVE IT TO YOUR GUIDANCE COUNSELOR. MAKE SURE NOT TO LEAVE THE APPLICATION WITH ANYONE ELSE. I AM NOT RESPONSIBLE FOR MISPLACED OR LOST APPLICATIONS.

- I certify that this application is truthful and complete to the best of my knowledge.
- I also understand that any misleading or omitted information could result in my removal from the program.
- Most importantly I understand that I must have a job when I show up on the first day of school.....no exceptions

Student \_\_\_\_\_ Date \_\_\_\_\_

I give my child permission to participate in this program if selected, and I certify that this application is truthful and complete to the best of my knowledge. I also understand that any misleading or omitted information could result in my child's removal from the program. I agree to support this program and to help maintain its integrity and rules.

Parent \_\_\_\_\_ Date \_\_\_\_\_

**DOCUMENTATION SHEET FOR DCT/OJT** \_\_\_\_\_  
(student name)

Take this form to the following people and get their signatures. If you have to leave the paper with anyone, please be sure to return and pick it up.

**This is for the 2025-2026 school year**

**ATTENDANCE – Mrs. Johnson**

\_\_\_\_\_ Documented Absences      \_\_\_\_\_ Undocumented Absences

\_\_\_\_\_ Tardies

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISCIPLINE – Mr. Rodgers, Mr. Suchy, Miss Latessa**

\_\_\_\_\_ Suspensions – In School or Out of School? Reason \_\_\_\_\_

\_\_\_\_\_ Referrals – Offenses \_\_\_\_\_

\_\_\_\_\_ Sent to Time Out

Signature \_\_\_\_\_ Date \_\_\_\_\_

**GUIDANCE – (your guidance counselor) .....\*MINIMUM 2.5 GPA REQUIRED**

GPA \_\_\_\_\_ Algebra 1 EOC \_\_\_\_\_ FSA Reading/Writing passed \_\_\_\_\_

Required courses needed to graduate English, Govt./Econ., Math, Science, \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_