

Application for Manatee High School OJT – 2024-2025
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 2024-2025 school year

ATTENDANCE – Mrs. Johnson

_____ Documented Absences _____ Undocumented Absences

_____ Tardies

Signature _____ Date _____

DISCIPLINE – Ms. Singleton, Ms. Woodall, Mr. Solly or Mr. Ferrara

_____ 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

Signature _____ Date _____