

MATHEMATICS ENROLLMENT FORM



2610 Sam Noble Pkwy
Ardmore, OK 73401
580-224-8374

High School: _____

First Name: _____ Last Name: _____

E-mail _____

Address: _____ City _____ Zip _____

Day Phone: (580) _____ Evening: (580) _____ Cell (580) _____

Date of Birth: ____/____/____ Technical Program _____ AM PM Grade: 11th 12th
MM/DD/YY Circle One

Parent/Guardian Name: _____ e:mail _____

ACADEMIC Course Requested Please identify time requested and semester course
[] 7:10 - 7:55 a.m.
[] 11:05 - 11:50 a.m.
[] 11:55 - 12:40pm
[] 3:50 - 4:35 p.m.
_____ Alg II 1st sem _____ Alg II 2nd sem _____ Personal Finance
_____ Geom 1st sem _____ Geom 2nd sem _____ Math of Finance

Counselor Section

This student is unable to enroll in this course on campus for the following reason: (Please be specific--example: this student is an athlete and must attend SOTC in a.m. and science class needed is offered a.m. only)

Counselor: _____ Signature _____ Date _____

Counselor

Student/Parent Agreement

Student:

- 1. I agree to attend the designated math class.
2. I agree to maintain adequate progress on the course assigned.

Parent/Guardian

- 3. I understand my child has been enrolled for academic math credit at Southern Oklahoma Technology Center

Parent/Guardian: _____ Signature _____ Date _____

Guardian

Student: _____ Signature _____ Date _____

Principal Agreement

Principal:

I agree to transcript the letter grade and course credit earned when the student course is finished.

Principal

Principal: _____ Signature _____ Date _____