

Career and Technical Education Request Form

Michigan Lutheran High School
615 E. Marquette Woods Road
St. Joseph, MI 49085



CTE Contact: Terri Elder
Email: telder@michiganlutheran.org
269-429-7861, Ext. 203

ML students must enroll with the school district where they live before they will be enrolled in a CTE Program. Once enrolled, this form must be returned to Mr. Herbst and he will assist you in getting enrolled for the CTE program you wish to attend.

This section to be completed by the student

Student Name:	Date of Birth (mm/dd/yyyy):
Street Address:	
City, State, Zip:	
Phone:	Email Address:
Name of Parent(s) or Legal Guardian(s):	
List the name of the School District where you reside:	
Name of the CTE Program and School District which you want to attend:	

This section should be completed and signed by the enrollment personnel at the school district where you are enrolling

The resident school district is responsible to enroll the student and claim the prorated FTE. The resident school district will receive an invoice from the district that hosts the CTE program for the shared time tuition rate.

I have enrolled the above listed student with ***(please list name of school district)***

Signature

Date

Print Name

Job Title