

Application for MDOT TRAC Program

This form is to be completed by the principal/school administrator at the school requesting TRAC:

Please check one:

Original Application

Renewal Application

School Name: _____

School Address: _____

School Phone: _____ School fax: _____

Your e-mail: _____

Your Name: _____

Title: _____

How did you hear about the MDOT TRAC Program?

In what specific manner will your school utilize the program, for example, will it be utilized within particular grades/curricula?

Please list the name(s) and subject area(s) of each teacher who will utilize the TRAC program:

| Name | Subject Area(s) |
|-------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Each teacher who will utilize the TRAC program must attend a 1-2 day training session and must submit a utilization report each semester.

By signing below, I am committing the necessary resources for participation in the TRAC program. I understand that continued participation in the TRAC program will require an annual updated participation agreement.

Name Principal/School Administrator Date