



Thomas S. Wootton High School

Academy of Information Technology
2100 Wootton Parkway
Rockville, Maryland 20850
301-279-8557

Enrollment Application

Instructions to the student:

Please meet the following deadlines and requirements:

- **You must currently be enrolled in or already completed Algebra I.**
- This form must be completed and either submitted online in [digital form](#) or printed & mailed to Wootton High School C/O Mrs. Mattey **no later than March 1st.**
- Two completed teacher recommendations (located under signature programs, AOIT, applications on the Wootton website) must be submitted **no later than March 5th.**

Print, fill out, and mail OR [go complete this form online.](#)

I will be in 9th grade and will graduate from High School in _____

I am in 9th grade and will graduate from High School in _____

You should enroll in the following AOIT course for your freshman year:

Designing Technology Solutions A/B (Course #2812/2813)

(Please print clearly or type.)

1. _____
Last Name First Name Initial MCPS Student ID #

2. Date of Birth _____ Gender. M F
(Month/date/year)

3. _____
Street Address or Box Number

_____ _____ _____
Town/City State Zip Code

4. _____ 5. _____
Home Phone Number Student Email Address

6. _____ _____
Father/Guardian Name Daytime Phone Number

_____ _____
Mother/Guardian Name Daytime Phone Number

7. _____ _____
Mother/Guardian Email Address Father/Guardian Email Address

8. Parent/Guardian Permission Statement

I support my child's application to the Academy of Information Technology at Thomas S. Wootton High School. I understand that all information in this application will be kept confidential, and is accurate as of today.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____