

# GREAT PLAINS Technology Center

## SECONDARY STUDENT/PARENTAL INFORMATION/CONSENT FORM 2010-2011 SCHOOL YEAR

READ

Completion of this form is necessary to finalize your enrollment. Please fill in the appropriate blanks, sign, and return this form to your instructor.

STUDENT NAME \_\_\_\_\_ Student ID# \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_

TECHNOLOGY CLASS \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

AGE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_

PARENT (OR GUARDIAN) NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

MOM'S WORK PLACE \_\_\_\_\_ PHONE \_\_\_\_\_

DAD'S WORK PLACE \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### STUDENT, please answer the following questions:

1. Are you a single parent with custody of your child? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are you eligible to receive free or reduced lunch at your home school? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you been diagnosed with diabetes or asthma? (Please mark Yes or No) Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_
4. Do you carry an EpiPen? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Do you have a history of seizures? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **PERMISSION FOR EMERGENCY MEDICAL CARE**

I give permission for the student named above to receive necessary first-aid treatment at Great Plains Technology Center or at the nearest hospital or clinic, or the procedure described below. I understand that I will assume financial responsibility for that treatment. **Student accident insurance is available through the instructor or the student office.**

SIGN

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_  
OPTIONAL PROCEDURE: \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize officials of the Great Plains Tech Center to release information in the records and files of the above named student upon request by prospective/current employers, military agencies, other educational institutions, and/or educationally related financial/sponsoring agencies. This authorization shall remain in effect while I am a student and thereafter until I give written notice withdrawing authorization.

I grant my full permission for Great Plains to use my photo, video tape, voice recordings or biographical information for appropriate school promotions. I understand these will be used exclusively for instructional programs, school publications, school publicity or any public information stories promoting GPTC. Because this personal material is for the school's non-profit use, I surrender all royalty rights.

SIGN

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Students 18 years of age or older may sign for themselves.

SIGN

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### STUDENT HANDBOOK

I have attended an in-class orientation session covering the "Student Handbook for 2010-2011," and understand and agree to abide by the policies, procedures, and statements presented. \*\*A copy of the GPTC Student Handbook is online at <http://www.greatplains.edu/student-resources/handbook/> for you to read. If you do not have access to a computer or the internet, please contact GPTC at 580-250-5600 and a copy will be furnished for your use.

SIGN

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGN

\*\*PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GPTC INSTRUCTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_