

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 _____