

**SECONDARY STUDENT/PARENTAL INFORMATION/CONSENT FORM
2018-2019 SCHOOL YEAR**

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 _____ SENDING SCHOOL _____

GRADE _____ TECHNOLOGY CLASS _____ AM _____ PM _____ BIRTH DATE _____ AGE _____

GENDER: Male Female ETHNICITY (check one): Am. Ind./Ak. Native Asian Black Hisp./Latino Pac. Islander/Hawaiian White

STUDENT CELL # _____ CELL PHONE PROVIDER _____ STUDENT EMAIL _____

PARENT (OR GUARDIAN) NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

PARENT EMAIL _____ PARENT PREFERRED CONTACT # _____

MOM'S WORK PHONE _____ MOM'S CELL PHONE _____

DAD'S WORK PHONE _____ DAD'S CELL PHONE _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____ 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? Yes ___ No ___ Asthma? Yes ___ No ___
4. Do you carry an EpiPen? Yes ___ No ___
5. Do you have a history of seizures? Yes ___ No ___
6. Are you a military dependent? 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.

PARENT/GUARDIAN SIGNATURE: _____
OPTIONAL PROCEDURE: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize officials of the Great Plains TC 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 TC 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.

Great Plains TC will use School Messenger notification system to inform students/parents about both routine school activities and in the case of an emergency, such as weather conditions that result in school closure.

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT HANDBOOK

I agree to abide by the policies, procedures, and statements presented in the "Student Handbook for 2018-2019". **A copy of the GPTC Student Handbook is online at <http://www.greatplains.edu/handbook/> for me to read. If I do not have access to a computer or the internet, I may contact GPTC at 580-250-5600 and a copy will be furnished for my use.

STUDENT SIGNATURE _____ DATE _____

**PARENT/GUARDIAN SIGNATURE _____ DATE _____

GPTC INSTRUCTOR SIGNATURE _____ DATE _____