

**SECONDARY STUDENT/PARENTAL INFORMATION/CONSENT FORM  
2020-2021 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 \_\_\_\_\_ HOME 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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_ PARENT/GUARDIAN PREFERRED CONTACT # \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_

**STUDENT**, please answer the following questions:

1. Do you have a child that you currently have custody of? 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 \_\_\_\_\_
7. Is your parent active duty military? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are you Homeless? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Are you in Foster Care? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Are you an English Learner? (Limited English) 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 2020-2021". \*\*A copy of the GPTC Student Handbook is online at <https://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 \_\_\_\_\_