



Taylor County School District

Community-Based Work Transition Program

Taylor County Board of Education
2705 Hodgenville Road
Campbellsville, KY 42718

Student Information Sheet

Date: _____

Name: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Date of Birth: _____

----- For Office Use: -----

Classification: _____

School Year: _____

SSID: _____

Initial Placement: _____

Current Reevaluation: _____

Notes/Comments: _____

Approval to Participate in Community Work Transition Program

Pre-Employment Transition Services

To: OVR Counselor: _____ Date: _____

From/Email: _____

I understand that by signing this document my (child's) school will provide the Office of Vocational Rehabilitation with the information listed below. I understand that currently I am not applying for Voc Rehab services but only granting permission to participate in pre-employment transition services being offered through my (child's) school. I understand that I may apply for Voc Rehab services at any time should I (my child) need their services in the future.

Student Full Name: _____ School ID# _____

Date of Birth: _____ SSN (optional): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Sex: Female Male

Ethnicity: Hispanic Latino Neither

Race: White Black or African American Native Hawaiian or Other Pacific

American Indian or Alaskan Native Asian

Current High School: _____

Current Grade: _____

Expected Date to Exit School: _____

Choose One: Providing a copy of IEP, 504 plan, or disability documents

Student Signature: _____

Parent, if under 18/Guardian Signature: _____

Attach: copy of IEP, or 504 plan, or documentation of disability

Community Work Transition Program

Taylor County High School
2705 Hodgenville Road
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Re: THE TRANSPORTING OF STUDENTS IN A DISTRICT VEHICLE BY A DISTRICT EMPLOYEE

An Employment Specialist with the Community Work Transition Program through Taylor County High School will transport your child to his or her Exploration/Training/Employment site during school hours when needed, in accordance with our school district's policies; I need your signed permission to do this. If you give permission for your child to be transported, please read the waiver below and sign/date/return.

I give permission for my child _____ to travel to above sties with Employment Training Specialist in a district vehicle. I understand that I, the parent/guardian, of the student and my/or heirs, executors, administrators, and/or successors release, acquit, and forever discharge the Taylor County School district, Megan Hatcher, and any other employees from any and all service, expenses, and compensation whatsoever, which the student has or may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen bodily and personal injuries and property damage and consequences thereof resulting from the student traveling to and from potential job sites in a district vehicle driven by a district employee.

By signing below, I fully acknowledge the terms of this waiver.

Parent or Guardian Signature

Date

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- I hereby give permission for images of my child, captured during activities with the Community Work Transition Program through video, photo and digital camera, to be used for school purposes.
- I decline for images of my child, captured during activities with the Community Work Transition Program, to be used for school purposes.

Name of Participant (please print): _____

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____ Date: _____