



A.W. Beattie Career Center

Avonworth, Deer Lakes, Fox Chapel Area,
Hampton Township, North Allegheny, North Hills,
Northgate, Pine-Richland, and Shaler Area



2020-2021

A. W. BEATTIE CAREER CENTER STUDENT/PARENT SIGNATURE SHEET

“Your Future Starts Today”

I have received a copy and have read the entire “Student/Parent Handbook” and understand the consequences of violating any of the policies or procedures contained herein. Signatures below also constitute acceptance/notification of but not limited to:

Student Policies are located on the Career Center website for review under Joint Operating Committee. The policies may directly be obtained by contacting the Principal’s Office.

1. Use of Student Photos, Interviews for Publicity (Page 22)
2. Bullying Policy #249 (Page 29-31)
3. Harassment Policy #248 (Page 32-36)
4. Student Computer Use (Page 48-49)
5. Student E-mail System (Page 49)
6. Acceptable Use of Internet Policy #815 (Page 51-55)
7. Use of E-mail & Electronic Communication Policy #815.1 (Page 56-58)
8. Acknowledgement of Integrated Pest Management Notification Letter (Page 61)

Student Policies are located on the Career Center website for review under Joint Operating Committee. The policies may directly be obtained by contacting the Principal’s Office.

Student’s Signature

Date

Parent’s Signature

Date

Student Information/Medical Authorization Form
EMERGENCY CONTACT FORM

THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR SON/DAUGHTER TO PARTICIPATE IN THEIR PROGRAM AT A. W. BEATTIE CAREER CENTER

A. W. BEATTIE CAREER CENTER
9600 Babcock Boulevard
Allison Park, PA 15101
(412) 847-1900

FORM MUST BE RETURNED PRIOR TO SEPTEMBER 6, 2020

Student Information

Student's Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Parent Cell Phone _____ Birth Date _____
Parent e-mail address _____
Work Phone: _____ Mother Father

Program Information

Program _____ Session AM PM Grade 9 10 11 12 PG
Class Level 1 2 3
High School _____ District _____

Emergency Information

Name of Parent/Guardian _____
If other than parents, please give full name

Father's Full Name _____

Father's Employer _____ Business Phone _____

Mother's Full Name _____

Mother's Employer _____ Business Phone _____

Insurance Company Name _____ Policy No. _____

If neither parent is available, please call the following persons in case of sudden illness or accident.

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Phone _____

OVER⇒

Medical Information/Authorization

State any medical history or problem with which the school should be familiar (ex: heart conditions, diabetes, convulsive disorders, etc):

List any allergies (medications, food, insect, stings, etc.) which your child may have:

List any medications your child takes regularly:

For what reason: _____

Date of last Tetanus Booster: _____

If neither of the parents can be contacted in the case of serious injury or illness, I hereby authorize representatives of the A. W. Beattie Career Center to act as my agent to secure emergency medical treatment for _____, a minor for whom I am responsible, at UPMC Passavant Hospital, or any other medical facility when in the opinion of the school representatives such emergency treatment is deemed necessary during the time my child is attending, coming to, or leaving school. I fully understand that the Beattie-owned vehicle, driven by non-medical personnel, may be used for transport to such medical facility in case of emergency when parents cannot be contacted. **In case of extreme emergency, an ambulance will be called with parents responsible for the cost of the ambulance and/or any medical treatment.** I hereby agree to hold the A. W. Beattie Career Center and their representatives harmless for exercising judgment in authorizing such emergency medical treatment and said representatives are specifically authorized to sign any required emergency hospital forms on my behalf.

My signature below indicates that I have read and agree to the statement above. I also give permission for my son/daughter to operate power tools or equipment as part of the instructional program at A. W. Beattie Career Center.

Parent/Guardian Signature

Date

A. W. BEATTIE CAREER CENTER
STUDENT INFORMATION VERIFICATION
2020-2021

DIRECTIONS: Please complete each item carefully and write clearly.

Note: If you have any changes in the information below during the school year, please notify the School Office.

Last Name **First Name** **Middle Name (Full Name)**

Program **Instructor**
Session **AM** **PM**

Sending School

District

Current Grade 9 10 11 12 (Please circle) **Expected Graduation Year** 20 __ __

Team Level - Mark if this is your 1st, 2nd, 3rd year @ Beattie
 1 2 3

PLEASE PRINT ALL INFORMATION CLEARLY

Sex:
 Male
 Female

Street Address

City **State** **Zip**

Parent Phone Numbers
 _____ (home)
 _____ (cell)
 _____ (work)

Military Family (parent active duty):
 yes no

Race: (Circle One)
 1 American Indian
 2 Asian
 3 Black
 4 Pacific Islander
 5 White
 6 Hispanic

Parent e-mail address: _____
Parent/guardian name: _____
Student e-mail address: _____

Birth Date **Month** **Date** **Year**