



1100 81st Ave NE, Spring Lake Park, MN 5532

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OEC PROGRAM ENROLLMENT REGISTRATION

STUDENT INFORMATION

_____, _____ M / F
LAST NAME FIRST NAME GENDER
_____/_____/_____
DATE OF BIRTH
_____, _____, _____
HOME ADDRESS CITY STATE ZIP CODE
(____) _____ - _____
HOME TELEPHONE EMAIL ADDRESS HOME SCHOOL GRADUATION YEAR

PARENT/GUARDIAN INFORMATION

_____, _____
PARENT/GUARDIAN NAME RELATIONSHIP
_____, _____, _____
HOME ADDRESS CITY STATE ZIP CODE
(____) _____ - (____) _____ - _____
HOME TELEPHONE HOME TELEPHONE EMAIL ADDRESS

ENROLLMENT INFORMATION / RELEASE OF INFORMATION

STUDENT WILL BE REGISTERING FOR:

COURSE	Semester 1	Semester 2
Nursing Assistant (NA-R)	☐ 10:30 - 12:15 or	N/A
Emergency Medical Responder (EMR) / EMT Part 1	☐ 10:30 - 12:15 ☐ 1:10 - 2:55	N/A
Emergency Medical Technician (EMT) Part 2	N/A	☐ 10:30 - 12:15 ☐ 1:10 - 2:55

I hereby authorize, as the parent/guardian of the above-named student, the release of all educational records maintained by my student's resident school district to Independent School District 16 as needed for my student's participation in Independent School District 16 programs.

PARENT / GUARDIAN SIGNATURE DATE

COUNSELOR SIGNATURE DATE

LOCAL CAREER AND TECHNICAL DIRECTOR (IF APPLICABLE) DATE

OEC PROGRAM DIRECTOR SIGNATURE DATE

START DATE: ____/____/____

CLASS TIME: _____

By signing the above, you are acknowledging the OEC Program Enrollment Agreement that is in place between our schools. You furthermore are recommending the student to our program.