

SECONDARY STUDENT/PARENTAL INFORMATION/CONSENT FORM

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 _____ HIGH 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
If American Indian, please provide Tribal Affiliation: _____

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, **the student**, 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 ___
4. Do you carry an EpiPen? Yes ___ No ___
5. Have you been diagnosed with Asthma? Yes ___ No ___
6. Do you have a history of seizures? Yes ___ No ___
7. Are you a military dependent? Yes ___ No ___
8. Is your parent active-duty military? Yes ___ No ___
9. Are you Homeless? Yes ___ No ___
10. Are you in Foster Care? Yes ___ No ___
11. Is English your secondary language? 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 2023-2024". **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 _____

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STUDENT INTERNET USE AGREEMENT

- I understand and will abide by the Internet Use / Social Media Agreement. Located in the Student Handbook at <https://www.greatplains.edu/handbook/>
- I further understand that any violation of the regulations above is unethical and may constitute a criminal offense.
- Should I commit any violation, my access privileges may be revoked. The Great Plains Technology Center School District may take disciplinary and/or legal action.

Student Full Name (please print): _____

Student Signature: _____

Date: _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the Internet Use Agreement. I understand that this access is designed for educational purposes. Great Plains Technology Center School District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for Great Plains Technology Center School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____

Great Plains Technology Center does not discriminate on the basis of race, color, national origin, religion, gender, gender expression, sexual orientation, gender identity, or qualified disability or veteran's status in admission to its programs, services, activities or access to them, in treatment of individuals, or in any aspect of the Technology Center's operations.

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