



# CECIL COUNTY PUBLIC SCHOOLS DIVISION OF EDUCATION SERVICES

GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER  
201 BOOTH STREET • ELKTON, MD 21921

*Serving Learners, Families, and the Community*

phone: 410.996.5464 • fax: 410.996.5465 • www.ccps.org

Jeffrey A. Lawson, Ed.D.  
*Superintendent of Schools*

Diana B. Hawley  
*President, Board of Education*

## Department of Career & Technology Education (CTE) Dear Parent/Guardian:

Your child is enrolled in the Technology Education program in Cecil County Public Schools.

He/she will have an opportunity to use various tools, machines, and materials. Appropriate instruction on the safe use of these tools will be given, as well as a safety test for each machine that he/she will be using. Although precaution is taken to prevent accidents, a certain risk is involved due to the nature of the experience, the age of the student, and the learning environment.

I am asking your cooperation in stressing to your child the importance of following directions and conducting themselves in a safe manner. This will back up the instruction that is given in school and is a vital part of a safe work environment in the lab.

I welcome you to visit our school to see what your child is designing, improving, or testing in their Technology Education class.

### ***To be completed by the Parent/Guardian:***

I encourage my child to participate fully in the Technology Education program at his/her school.

\_\_\_\_\_ (Print Parent/Guardian name)

\_\_\_\_\_ (Signature of Parent/Guardian)

\_\_\_\_\_ (Date)

### **Contact information:**

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please identify any health problems which may have a bearing on your child's participation in class.

### ***To be completed by the Student:***

I agree to all safety rules and procedures for safe operation and conduct in the Technology Education Laboratory. I will wear approved eye protection in accordance with Maryland State Law at all times when inside any school technology education laboratory when tool and machine work is taking place.

\_\_\_\_\_ (Print Student name)

\_\_\_\_\_ (Signature of Student)

\_\_\_\_\_ (Date)

**Our Mission:** *CCPS serves equitably through positive relationships as a safe, collaborative community. We will ensure all learners acquire the knowledge, skills, and qualities to be responsible, caring, and ethical citizens.*