







Spring 2025

Dear Parent/Guardian of ECHS Student,

We are fortunate that our students have many opportunities made available through our program. Please complete the enclosed forms and either mail them, scan and email them to me, or have your child bring them to the May 21<sup>st</sup> visit. Many of the enclosed forms will stay on file until high school graduation. Please scan and email them to me at, <a href="mailto:asnow@bscsd.org">asnow@bscsd.org</a>, you can mail them to Adrienne Snow at Ballston Spa High School, 220 Ballston Ave., Ballston Spa, New York 12020. We have supplied a checklist to assist you with tracking the permission slips. Please contact me with any questions.

Sincerely, Adrienne Snow ECHS Program Coordinator

#### 10th Grade Form Checklist

Chromebook Use Policy Form

Visits to TEC-SMART

Social Media

Medication Carry Form (If Applicable)

Emergency Card (Only Non-Ballston Spa Students)

Information Update Form

4<sup>th</sup> Quarter Report Card (Please keep a note of this and have either the school counselor from the home school or your child scan & email it to the program)









### **Chromebook Use Policy**

As a s	tudent participating in the Clean 1	Technologies & Sustainable Industries Early C	College High School Program,	
I		agree to the following term, conditions, and p	policies regarding the	
provi	ded laptop as outlined and identif	ied below for the 2025-2026 school year.		
1.	•	rmission from his or her parent or guardian ties awareness of the terms of this agreemen	•	
2.	2. The student is aware that he or she is solely responsible for the safe, responsible use and return of t stated equipment. Deviation from the intended use of the laptop will result in disciplinary action. aspects of the Ballston Spa Central School District Responsible Use Policy and Code of Conduct apply.			
3.	mistreatment, or irresponsible	is damaged, lost, stolen, not returned, or is use, above and beyond that of the normal will replacement value of the laptop and shall	ear and tear, the student wil	
4.	. This agreement shall remain on	file for the 2025-2026 school year.		
Pr	inted Parent/Guardian Name	Signature of Parent/Guardian		
Pr	inted name of Student			









#### VISITS to TEC-SMART - 2025-2026

Dear Parents/Guardians:

Tenth grade students from the Clean Technologies & Sustainable Industries Early College High School Program will be returning to the TEC-SMART campus on September 12<sup>th</sup>, October 16<sup>th</sup>, November 5<sup>th</sup> (Expo), December 16<sup>th</sup>, January 7<sup>th</sup>, February 12<sup>th</sup>, March 9<sup>th</sup>, April 14<sup>th</sup>, May 21<sup>st</sup> (Expo). Please be aware that some of the dates may change if there are snow days, and we will notify you of any changes we expect. Students will be on campus from 7:50 am until 10:50 am. These visits are a <u>requirement</u> of the program and student attendance is <u>mandatory</u>. Students will be missing classes at their home school and will need to touch base with their teachers to get their work. **Transportation will be coordinated by the home schools. Please check with your home school regarding how transportation will be coordinated.** 

The following are the specific details pertaining to the field trips.

DATES: September 12<sup>th</sup>, October 16<sup>th</sup>, November 5<sup>th</sup> (Expo), December 16<sup>th</sup>, January 7<sup>th</sup>, February 12<sup>th</sup>, March 9<sup>th</sup>, April

14<sup>th</sup>, May 21<sup>st</sup> (Expo)

**LOCATION:** TEC-SMART Facility **TIME:** 7:50 am – 10:50 am

We will be sending out information with more specific information about these dates as the dates get closer. If you have any questions, please don't hesitate to contact me at <a href="mailto:asnow@bscsd.org">asnow@bscsd.org</a>.

Thank you,
Adrienne Snow
ECHS Program Coordinator

I give my child permission to attend the ac November 5 <sup>th</sup> (Expo), December 16 <sup>th</sup> , January			•	16 <sup>th</sup> ,
Student Name (Please print)	Parent o	r Guardian (signatur	re)	Date
Home Phone			_ Cell	
□ Bee Sting □ Nuts □ Dairy □ Latex	•			
Required Medications:				
Please check below <b>IF</b> your child has:				
□Asthma □Diabetes □Kidney Injuries	□Seizure Disorder	☐Heart Condition	□Other Medical Co	ndition
Required medications:				
Other medications:				
If the student requires medication, I understand the Form are on file. (If ordered by the student's physical	•			Authorization









Students in the Clean Technologies & Sustainable Industries Early College High School will have increased opportunities to connect with business partners, staff, and classmates in a professional setting. Remind, LinkedIn, Google platform, Snap Chat, YouTube, BrightSpace, HVCC applications, and Twitter(X) are different tools (social media, networking, etc.) used in the business and professional environment. LinkedIn is a tool for students to connect with business and industry. Google allows students to collaborate on documents. Twitter(X) is an online forum where people can post information, "like" what people post, or share what people have posted. One example is the Twitter(X) account for our program @CleanTechECHS. Students will be given the opportunity to create a LinkedIn profile as part of their experience in the program. Some of the HVCC college professors will also ask students to create a LinkedIn account as part of their course.

By signing the form below, you indicate that you understand the creation and use of the LinkedIn account, Twitter(X), and Google and agree to follow the established expectations.

- The goal is for students to understand and appropriately use social media for assignments.
- Students are expected to follow BSCSD's Responsible Use Policy.
- Students are expected to conduct themselves in a professional and respectable manner.
- Students will use social media to connect with business and industry representatives to help them learn about career opportunities and develop workplace skills.
- Students will be interacting with adults in a professional environment.
- Students could be sharing personal information, depending on what they enter in their personal profile. This can be comparable to a Facebook account. Students have to accept a connection through LinkedIn before someone can see their profile.
- Communications on LinkedIn, Google, and Twitter(X) will **not** be monitored by ECHS staff.
- Students will be using their HVCC email account for the social media tools.
- Students will also have access to websites for their college coursework that has not been blocked or vetted by the district, as it is a HVCC college course taught by an HVCC college professor. Students should come to an adult in the program if there is something assigned that they feel uncomfortable with.

Student Name:	
Student Signature:	Date:
Parent/Guardian Name Printed:	
Parent/Guardian Signature:	Date:



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### Clean Technologies & Sustainable Industries Early College High School Program

# BALLSTON SPA CENTRAL SCHOOL DISTRICT – <u>MEDICAL CARRY FORM</u> Administration of Medication in School and School Activities Parent and Healthcare Provider's Authorization

our physician. The medication is to The school nurse may contact the p Signature (Parent or Guardian): Telephone: Home  B. To be completed by the Private Hea I request that my patient, as listed by Name of Student Diagnosis:	Work Work Bithcare Provider:	Cell	Date _	
Signature (Parent or Guardian):  Telephone: Home  B. To be completed by the Private Heal I request that my patient, as listed k  Name of Student	Work withcare Provider: pelow, receive the following	Cell	Date _	
Telephone: Home  B. To be completed by the Private Heal I request that my patient, as listed by the Name of Student	Work Ilthcare Provider: Delow, receive the following	Cell	Date _	
B. To be completed by the Private Hear I request that my patient, as listed by Name of Student	Ilthcare Provider: pelow, receive the following	g medication:		
I request that my patient, as listed by the Name of Student	pelow, receive the following			
Name of Student				
Diagnosis:			DOB	
			**ICD-10:	
and effectively, and may carry and use t school/school sponsored activity with n medications checked below:	•	•		•
MEDICATION SELI CARI		FREQUENCY, TAK		ROUTE OF ADMIN.
Healthcare Provider's Printed Nam	e with title:			
Signature		Date <b>(Full</b> )	)	
License #:	NPI #:	Phone #	<b>‡</b> :	
Complete Address:				

Medication must be in original pharmacy labeled container with specific orders and name of medication.
 This medication order is valid for July 2025 – June 2026









#### BALLSTON SPA CSD STUDENT EMERGENCY CARD- ONLY NON BSCSD Students Need to Complete

(for Health Office use only)

Last Name	First Name		Grade
Home Phone	Date of Birth		
Street			
City	State	Zip Code	
Who does the child live with?	Who should be	called first?	
Mother/Guardian's Name		Home Phone	
Address		Cell Phone	
		Work Phone	
Which is the best # to reach you at? Ho	ome Cell Work		
Father/Guardian's Name		Home Phone	
Address		Cell Phone	
		Work Phone	
Which is the best number to reach you:	Home Cell Work		
Doctor		Phone	
Please list two neighbors or nearby relatives		of your child if you cannot	
Please list two neighbors or nearby relatives	s who will assume temporary care	of your child if you cannot	
Please list two neighbors or nearby relatives	s who will assume temporary care Second cho	of your child if you cannot	
Please list two neighbors or nearby relatives First choice:  Name:	s who will assume temporary care  Second cho  Name:	of your child if you cannot	
Please list two neighbors or nearby relatives First choice:  Name:	s who will assume temporary care  Second cho  Name:	of your child if you cannot	
Please list two neighbors or nearby relatives  First choice:  Name:  Address:	s who will assume temporary care  Second cho  Name:  Address:	of your child if you cannot	
Please list two neighbors or nearby relatives First choice:  Name: Address: Phone(H):	Second cho  Name:  Address:  Phone(H):	of your child if you cannot	
Please list two neighbors or nearby relatives  First choice:  Name:  Address:  Phone(H): Phone(W):	Second cho  Name:  Address:  Phone(H): Phone(W):	of your child if you cannot	
Please list two neighbors or nearby relatives  First choice:  Name:  Address:  Phone(H): Phone(W): Phone(C): Relationship:	Second cho  Name:  Address:  Phone(H): Phone(W): Phone(C): Relationship	of your child if you cannot ice:	be reached.
Please list two neighbors or nearby relatives  First choice:  Name:  Address:  Phone(H): Phone(W): Phone(C): Relationship:  Health Information: List any health condition	Second cho  Name:  Address:  Phone(H): Phone(W): Phone(C): Relationship	of your child if you cannot ice:	be reached.
Please list two neighbors or nearby relatives  First choice:  Name:  Address:  Phone(H): Phone(W): Phone(C):	Second cho  Name:  Address:  Phone(H): Phone(W): Phone(C): Relationship	of your child if you cannot ice:	be reached.
Please list two neighbors or nearby relatives  First choice:  Name:  Address:  Phone(H): Phone(W): Phone(C): Relationship:  Health Information: List any health condition	Second cho  Name:  Address:  Phone(H): Phone(W): Phone(C): Relationship	of your child if you cannot ice:	be reached.









#### **Information Update Form**

(Please Print)

Student Name:		
School District:		
Guidance Counselor Name:		
•	to report data to SED in the form o	of numbers/percentages of our enrollment. This ons below:
Does your student have an IEF	P/504 plan or diagnosed medical in	npairment (circle one)?
Is your child on free or reduce	d-price lunch or does your family	receive Medicaid services?
_	ucational degree obtained by each MotherStep-Mother	parent/guardian below:Female Guardian Guardian
Level of Education Obtained:	not a high school graduate	two-year college graduate
	high school graduate	four-year college graduate
	some college/trade school	graduate degree
Parent/Guardian:	FatherStep-Father	Male Guardian Guardian
Level of Education Obtained:	not a high school graduate	two-year college graduate
	high school graduate	four-year college graduate
	some college/trade school	graduate degree
Please complete information grade.	italicized in this section only if th	ere has been a change since entering the program in 9 <sup>th</sup>
Home Address:		
Home Phone:	Cell Phone:	
Parent/Guardian's Email:	n's Email:Emergency Contact #:	
Parent/Guardian's Fmail:		Emergency Contact #: