Clean Technologies & Sustainable Industries Early College High School Program

Spring 2026

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 scan and email them to me or mail them to the address below. Enclosed, you will find the District Responsible Use Policy that one of the forms is referencing. Many of the enclosed forms will stay on file until high school graduation. Please scan and email them to me at, asnow@bscsd.org, or 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

9th Grade Form Checklist:

- Adirondack Museum Summer Bridge Trip Permission Form
- Chromebook Use Policy Form (Only if borrowing a device from the program)
- Publication Release
- Participation in Research
- Mandatory Monthly Visits to TEC-SMART
- Social Media
- Medication Carry Form (If Applicable)
- Emergency Card (Only Non-Ballston Spa Students)
- School Tool Account Set Up (for Non- Ballston Spa Students)
- District Acceptable Use Policy (Full Policy can be Found here): https://resources.finalsite.net/images/v1712776213/bscsdorg/afb9kdwkw3zqluainvjj/BSCSD-HIGHSCHOOLStudentAUPAcceptableUse08-2022.pdf

Clean Technologies & Sustainable Industries Early College High School Program

Dear Parents/Guardians:

Students from the Clean Technologies & Sustainable Industries Early College High School Program will be participating in a trip to the Adirondack Experience at the Museum on Blue Mountain Lake on Thursday, July 16, 2026. We will be leaving from the Hudson Valley Community College (HVCC) TEC-SMART campus at 8:15 am and returning at 3:30 pm. Students will participate in different activities while there. We will eat lunch in the picnic area at the museum. Students can bring a lunch with them or can purchase something at the Lake View Café.

Here is the itinerary for the trip:
8:15 AM- Depart TEC-SMART through charter transportation
10:00 AM- Arrive at Museum on Blue Mountain Lake
10:15 AM- 12:30 PM- Students will participate in activities
12:30 PM- Lunch (Bring lunch or available for purchase at Lake View Café)
2:00 PM- Depart Museum on Blue Mountain Lake
3:30 PM- Arrive back at TEC-SMART

Attire: Students should wear comfortable shoes for walking a lot and their Clean Tech ECHS shirt. They also may want to bring sunscreen and/or bug spray.

If you have any questions or concerns, please don't hesitate to contact Adrienne Snow at asnow@bscsd.org We can also be reached at 518-884-7150, Ext. 2662.

Thank you,
Adrienne Snow
ECHS Program Coordinator

I give my child permission to attend the Summer Bridge field trip to the Adirondack Experience on July 16th from 8:15 am to 3:30 pm.

_____ _____ _____
Student Name (Please print) Parent or Guardian (signed) Date

Home Phone_____ Work Phone_____ Cell_____
Please check below **IF** your child has sensitivity to:
□ Bee Sting □ Nuts □ Dairy □ Latex □ Other _____
Required medications: _____

Please check below **IF** your child has:
□Asthma □Diabetes □Kidney Injuries □Seizure Disorder □Heart Condition □Other Medical Condition
Required medications: _____
Other medications: _____

If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on file. *(If ordered by the student's physician, an epipen must be provided for all field trips).*

Clean Technologies & Sustainable Industries Early College High School Program

Chromebook Use Policy

As a student participating in the Clean Technologies & Sustainable Industries Early College High School Program, I _____ agree to the following term, conditions, and policies regarding the provided laptop as outlined and identified below for the 2026-2027 school year.

1. The student has been given permission from his or her parent or guardian to be provided a Chromebook and the parent/guardian signifies awareness of the terms of this agreement by printing his or her name and signing in the spaces below.

2. The student is aware that he or she is solely responsible for the safe, responsible use and return of the stated equipment. Deviation from the intended use of the laptop will result in disciplinary action. All aspects of the Ballston Spa Central School District Acceptable Use Policy and Code of Conduct apply.

3. In the event the Chromebook is damaged, lost, stolen, not returned, or is rendered inoperable due to mistreatment, or irresponsible use, above and beyond that of the normal wear and tear, the student will then be responsible for the full replacement value of the laptop and shall reimburse the school district within 30 days.

4. This agreement shall remain on file for the 2026-2027 school year.

_____	_____	_____
Printed Parent/Guardian Name	*Signature of Parent/Guardian*	*Date*
_____	_____	_____
Printed name of Student	*Signature of Student*	*Date*

Clean Technologies & Sustainable Industries Early College High School Program

Student Publication Release Form

(This form typically refers to things like using photos for Twitter(X), School District Newsletters, HVCC publications, interviews with news/newspapers)

I, hereby, grant the Ballston Spa Central School District, Hudson Valley Community College and the affiliated business partners the absolute right and permission to use, reuse, copyright, and/or publish original student work, photographic pictures or video footage which includes/references of myself and/or my child(ren), in conjunction with an actual or a fictitious name. I understand this will be for the purpose of illustration, promotion, and public relations. Images may appear in printed material, video presentations, news coverage (both print and/or television) and/or on websites.

I, hereby, waive the right to inspect or approve the finished product, or any text that accompanies it. I release the above organizations from any claims and demands connected with the use of the materials.

I, hereby, warrant that I am of legal age and have the right to contract for myself and/or my minor child(ren). I have read the above authorization and fully understand the contents.

We do not use full student names in any publications. This will include photos taken at events. This form will be on file and the agreement in effect until the student's graduation from the program in June 2030.

PARENT/GUARDIAN NAME: _____

STUDENT'S NAME: _____

ADDRESS: _____

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Clean Technologies & Sustainable Industries Early College High School Program

Approval for Minor's Participation in Projects Related to Program Evaluation

As part of an ongoing effort to continue to improve the Clean Technologies & Sustainable Industries Early College High School Program, we may conduct or contract with an external evaluator to conduct an evaluation of parts of or all components of the Clean Technologies & Sustainable Industries Early College High School Program. Student personal identifiable data is not used. **If it is used, it is ONLY under the signature of an Ed Law 2D agreement.**

The Clean Technologies & Sustainable Industries Early College High School Program provides an excellent opportunity to conduct research which will document and analyze key factors associated with the school and/or community development and partnerships that support networks working collaboratively to develop STEM education. The information generated from research will inform future STEM education studies and will help identify key factors associated with academic excellence, early college program benefits, as well as critical information for policy makers and educators engaged in creating new STEM based education opportunities.

Important Aspects of the Research Project(s)

- The research may include one-on-one interviews, group discussions, questionnaires, surveys and observation of school activities. Information from interviews, group discussions or observations will be recorded hand-written notes, computer word-processed notes and/or audio recordings. Participants will always be asked permission prior to any audio recordings.

- There are no risks to participation for any individual participating in the studies. Your child may elect to not participate in or elect to leave any study at any time without penalty.

- Efforts will be made to keep your child's study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your child's participation may be disclosed if required by state law. While the results of the research may be presented at conferences and/or in published papers, all individual responses will remain confidential.

I have read this form, and I am aware that I am being asked to provide permission for my minor to participate in research studies as they are outlined above. I am assured that no harm will come to my child as a result of this participation and that his/her anonymity will be maintained. I understand that I will receive additional information prior to any study beginning and that I will be provided with a copy of any products that results from this work, should I request it. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my minor to participate in these studies. **This form will be on file and the agreement in effect until the student's graduation from the program.**

_____
Printed Name of Minor

_____
Printed Name of the Person Authorized to Provide Permission for Minor

_____
Signature of the Person Authorized to Provide Permission for Minor

_____
Relationship to the Minor

_____
Date

Clean Technologies & Sustainable Industries Early College High School Program

Visits to TEC-SMART - 2026-2027

Ninth grade students from the Clean Technologies & Sustainable Industries Early College High School Program will be returning to the TEC-SMART campus on September 15th, October 15th, November 18th (Expo), December 14th, January 21st, February 24th, March 22nd, April 30th, May 26th (Expo). Please be aware that some of the dates may change if there are snow days or opportunities that come up, and we will notify you of any changes we expect. Students will be on campus from 7:50 am until 10:45 am. **These visits are a requirement of the program, and student attendance is mandatory**. 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 counselor regarding how transportation will be coordinated.** As per NYS mandate, students will lock their internet enabled devices in cell phone lockers at TEC-SMART upon arrival each visit. They will have a key and the lockers will charge their devices.

The following are the specific details pertaining to the field trips.
DATES: September 15th, October 15th, November 18th (Expo), December 14th, January 21st, February 24th, March 22nd, April 30th, May 26th (Expo)
LOCATION: TEC-SMART Facility
TIME: 7:50 am until 10:45 am

Christina Carlson and I 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 asnow@bscsd.org, or ECHS School Counselor, Christina Carlson, at ccarlson@bscsd.org. We can also be reached at 518-629-4981.

Thank you,
Adrienne Snow
ECHS Program Coordinator

I give my child permission to attend the activities at the TEC-SMART campus September 15th, October 15th, November 18th (Expo), December 14th, January 21st, February 24th, March 22nd, April 30th, May 26th (Expo).

Student Name (Please print) _____ Parent/ Guardian (signature) _____ Date _____

Home Phone_____ Work Phone _____ Cell_____

Please check below IF your child has sensitivity to:

□ Bee Sting □ Nuts □ Dairy □ Latex □ Other_____

Required Medications: _____

Please check below **IF** your child has:

□Asthma □Diabetes □Kidney Injuries □Seizure Disorder □Heart Condition □Other Medical Condition

Required medications: _____

Other medications: _____

If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on file. *(If ordered by the student's physician, an EpiPen must be provided for all field trips).*

Clean Technologies & Sustainable Industries Early College High School Program

Social Media Form

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, Instagram, Google platform, Snap Chat, and Twitter(X) are social media tools 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.

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

Clean Technologies & Sustainable Industries Early College High School Program

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

A. To be completed by the Parent or Guardian:

I request that my child _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy. The school nurse may contact the prescriber as needed.

Signature (Parent or Guardian): _____

Telephone: Home _____ Work _____ Cell _____ Date _____

B. To be completed by the Private Healthcare Provider:

I request that my patient, as listed below, receive the following medication:

Name of Student _____ DOB _____

Diagnosis: _____ ****ICD-10:** _____

Health Care Provider Permission for Independent Carry and Use

I attest that this student has demonstrated to me that he/she can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies only to the emergency medications checked below:

MEDICATION	SELF-CARRY	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMIN.

Healthcare Provider's Printed Name with **title**: _____

Signature _____ Date **(Full)** _____

License #: _____ **NPI #**: _____ **Phone #**: _____

Complete Address: _____

* *Medication must be in original pharmacy labeled container with specific orders and name of medication.*

This medication order is valid for July 2026 – June 2027.

Clean Technologies & Sustainable Industries Early College High School Program

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

(for Health Office use only)

Student Information:

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? Home 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 who will assume temporary care of your child if you cannot be reached.

First choice:	**Second choice:**
Name:	Name:
Address:	Address:
Phone(H): Phone(W): Phone(C):	Phone(H): Phone(W): Phone(C):
Relationship:	Relationship:

Health Information: List any health conditions, such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or chronic conditions, etc.: _____

_____

_____

_____

**Parent Signature _____ Date _____

Clean Technologies & Sustainable Industries Early College High School Program

School Tool Account Set Up – (Grading and Attendance) Portal Registration Form

for NON-Ballston Spa Students

(Please Print)

Student Name: _____

School District: _____

School Counselor Name: _____

This form will also add you to our School News Notifier in order for you to receive email communication from the program. Weekly updates are sent by Clean Tech staff using this information. **If you are from a district other than Ballston Spa Central School District, please be aware that this will be a separate School Tool account from the account you have for your child's home school.**

Parent/Guardian 1 Last Name: _____

Parent/Guardian 1 First Name: _____

Parent/Guardian 1 Email address: _____

Parent/Guardian 1 Address: _____

Parent/Guardian 1 Home Phone Number: _____

Parent/Guardian 1 Cell Phone Number: _____

Parent/Guardian 2 Last Name: _____

Parent/Guardian 2 First Name: _____

Parent/Guardian 2 Email Address: _____

Parent/Guardian 2 Address: _____

Parent/Guardian 2 Home Phone Number: _____

Parent/Guardian 2 Cell Phone Number: _____