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 mail them, scan and email them to me, or have your child bring them to the May 21st visit. Many of the enclosed forms will stay on file until high school graduation. Please scan and email them to me at, asnow@bscsd.org, 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
- ☐ Mandatory Monthly Visits to TEC-SMART
- ☐ Social Media
- ☐ Medication Carry Form (If Applicable)
- ☐ Emergency Card (Only Non-Ballston Spa Students)
- ☐ Information Update Form
- ☐ 4th 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)

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 Responsible 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

VISITS to TEC-SMART - 2026-2027

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 17th, October 16th , November 18th (Expo), December 16th, January 22nd, February 25th, March 23rd, April 29th, May 26th (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 **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 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 17th, October 16th, November 18th (Expo), December 16th, January 22nd, February 25th, March 23rd, April 29th, May 26th (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 asnow@bscsd.org.

Thank you,
Adrienne Snow
ECHS Program Coordinator

I give my child permission to attend the activities at the TEC-SMART campus September 17th, October 16th, November 18th (Expo), December 16th, January 22nd, February 25th, March 23rd, April 29th, May 26th(Expo).

_____ _____ _____
Student Name (Please print) Parent or 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).*

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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, 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: _____

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

Information Update Form
(Please Print)

Student Name: _____

School District: _____

Guidance Counselor Name: _____

As part of the grant, we need to report data to SED in the form of numbers/percentages of our enrollment. This information is kept CONFIDENTIAL. Please complete the questions below:

Does your student have an IEP/504 plan or diagnosed medical impairment (circle one)? ☐ Yes ☐ No

Is your child on free or reduced-price lunch or does your family receive Medicaid services? ☐ Yes ☐ No

Please indicate the highest educational degree obtained by each parent/guardian below:
Parent/Guardian: ____Mother ____Step-Mother ____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: _____Father _____Step-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 italicized in this section only if there has been a change since entering the program in 9th grade.

Home Address: _____

Home Phone: _____ *Cell Phone:* _____

Parent/Guardian's Email: _____ *Emergency Contact #:* _____

Parent/Guardian's Email: _____ *Emergency Contact #:* _____