Intermediate District 287

RESPONSIVE. INNOVATIVE. SOLUTIONS.

Hennepin Technical College Pathways Enrollment Form

Legal Name: _____ Grade: _____

Preferred Name: _____ Student Cell: _____

Student Email: _____

Legal Gender: _____ Date of Birth: _____

Full Address:

_____

_____

Race: Hispanic/Latino American Indian Asian

African American/Black Native Hawaiian/Pacific Islander Caucasian/White

Home Language: _____

Student has an IEP or 504 Plan? Yes No

Media Permission*

During the school year, we may have media visit our school to cover special events. Intermediate District 287 may want to use your child's photograph, voice, or student work for promotional and educational reasons, such as in publications, posters, brochures, newsletters, videotapes, DVDs, and/or on the District 287 website.

- ☐ I allow the release of student photo for BOTH internal and external use
- ☐ I allow the release of student photo for INTERNAL use.
- ☐ I allow the release of student photo for EXTERNAL use
- ☐ I DO NOT allow the release of student photo for both internal and external use

Fall Course Selection

First Choice: _____

8:30 a.m. 10:25 a.m. 12:35 p.m.

Second Choice: _____

8:30 a.m. 10:25 a.m. 12:35 p.m.

Spring Course Selection

First Choice: _____

8:30 a.m. 10:25 a.m. 12:35 p.m.

Second Choice: _____

8:30 a.m. 10:25 a.m. 12:35 p.m.

Parent/Guardian 1:

Last Name: _____ First Name: _____

Relationship to Student: _____

Email: _____

Phone Number: _____ Cell or Home

Is Parent/Guardian 1 allowed contact with the student? Yes No

Does Parent/Guardian 1 have legal custody of the student? Yes No

Does Parent/Guardian 1 live in the household with the student? Yes No

Parent/Guardian 2:

Last Name: _____ First Name: _____

Relationship to Student: _____

Email: _____

Phone Number: _____ Cell or Home

Is Parent/Guardian 2 allowed contact with the student? Yes No

Does Parent/Guardian 2 have legal custody of the student? Yes No

Does Parent/Guardian 2 live in the household with the student? Yes No

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____ Cell or Home

_____ Date: _____

Student Signature

_____ Date: _____

Parent Signature

MARSS ID_____ Date Counselor Submitted Online Form: _____