

Welcome to

Madison Career & Technical Center



Greetings,

We are excited to have your student join us for classes at Madison Career and Technical Center (MCTC).

Attached are the required student forms that must be complete by all MCTC students.

These will need to be completed and returned to the classroom teacher. The teacher will submit to the office for the student's file.

Every student must complete the medical liability form. Every student who joins a student organization must complete a drug testing consent form.

Student Drivers

Students will ride to and from MCTC on the transfer bus unless they have turned in appropriate paperwork that has been approved by Mr. Rideout. **Any student who misses a bus to or from MCTC should report immediately to the school office for instructions. Missing the bus does not give a student permission to drive or ride with an unapproved student.** Also, students must turn in shop work orders to the front office prior to driving a vehicle that will be worked on in the auto shop. When a student drives to MCTC without permission that student is considered to be out of assigned area and could result in a suspension for skipping.

Attendance

Students who stay at their home school for class days, activities, pep rallies, testing, etc. must sign in the office or library at their home schools to be marked present at MCTC. Failure to sign in could result in being marked absent for that class period.

Checking in/out

Students must check in and out at the front office at either MCTC or their home school. When **checking in** a parent must sign student in. Failure to do so will result in an unexcused absence. When a student **checks out** of school, **a parent must be present unless a parent note is presented to the attendance office before 10:00 a.m.** Notes may be turned in at MCTC or their home school.

Check-out notes must include **date, student's name, reason for check out, parent's signature and phone number.** Parent notes will be verified. **No check outs permitted with phone calls or emails.** As always, the student **MUST** come to attendance office to sign out before leaving campus.

If you have any questions or concerns, please call me at (601) 859-6847 or email at rrideout@madison-schools.com.



2026-2027 School Year

Dear Parent/Guardian:

Your son/daughter is enrolled in a career and technical education program at Madison Career and Technical Center. All tools/equipment in career and technical education programs are to be used by the students during the learning process. Students are instructed in safety and in the proper use of tools/equipment through demonstrations and supervised practice before he/she is assigned a task requiring use of the tools/equipment.

Due to the risks associated with the use of tools/equipment, students enrolled in career and technical education programs must have some type of accident insurance and are strongly advised to get a tetanus booster shot. Please complete the following statements and provide the information requested about your child in the space below.

MEDICAL RELEASE AND WAIVER OF LIABILITY

I, _____, parent/guardian of _____, do hereby give permission for _____ to work in the career and technical laboratories as part of his/her instruction in career and technical education. The career and technical teachers and others responsible for supervising my child should be aware of the following in case of an emergency. (Check all that apply.)

1. _____ The above student is covered by school insurance.
2. _____ The above student is covered by other insurance (please attach proof of coverage.)
3. _____ The above student is not covered by insurance.
4. _____ The above student has had a tetanus booster shot. Date of the most recent tetanus booster shot is _____.
(Tetanus shots are available from local health departments for approximately \$10.)

In the event that the above student becomes ill or injured during a career and technical class and the parents of said child cannot be readily contacted by the school at the telephone numbers listed below, the school is given our permission and is requested to take the appropriate steps to provide medical treatment for the student. I will not hold Madison Career and Technical Center/Madison County School District or any of its employees responsible for any expense that might be incurred as a result of injury to my child while he/she is enrolled in a career and technical education class or while he/she is enrolled in career and technical laboratories.

(Note: Madison County School District provides secondary medical insurance to students once their personal primary insurance has been filed and the insurance company has paid benefits.)

Home Phone: _____ Work Phone: _____

Signature of Parent or Guardian/Date

Emergency Phone: _____

Student's MCTC Class and Class Period

Signature of Student/Date