

**TWIN RIVER CAREER & TECHNICAL
EDUCATION AREA**

(9/10)

STUDENT ENROLLMENT FORM

Please print in blue or black ink

Name _____
Last First MI

Date _____

Address _____

Home
Phone _____

City _____ State _____ ZIP _____

Sex _____ (M or F)

High School _____ Grade _____

Birth Date ____/____/____

Physical Handicaps/Limitations/Allergies _____

Career & Tech

Program _____

Year in program: 1st ____ 2nd ____

Social Security Number ____ - ____ - ____

Parents/Guardians' e-mail: _____

Parents/Guardians' Names _____

In an emergency contact _____

Phone # _____

Please read and initial as applies:

_____ The student has my permission to drive to his/her Twin Rivers Career & Technical Education Area class. We certify that the student has a legal driver's license. We understand it is the responsibility of each student to provide their own transportation to the class. We also realize any arrangements made to car pool with another student(s) are made by us and do not affect Twin Rivers Career & Technical Education Area. During the school year, it may be necessary for the student to drive his/her vehicle to class related activities, to pick up and/or order supplies and/or equipment.

_____ We hereby authorize Twin Rivers Career & Technical Education Area to exhibit and/or distribute pictures of the student for publicity and recruitment purposes without limitation.

_____ I have read and understand the attached information regarding Internet access. I have reviewed the regulations with my child and he/she understands and agrees to follow the guidelines set forth for Internet use. My son/daughter does have permission to access the Internet during his/her Twin Rivers class.

_____ No, I do not want my son/daughter to access the Internet in the classroom.

_____ I understand that the student is not covered by accident/insurance at the Twin Rivers Career & Technical Education Area vocational programs. Twin Rivers Career & Technical Education Area cannot, and does not, accept liability for any injury that might occur to the student learner while carrying out the conditions of the program.

Twin Rivers Career & Technical Education Area needs to know the health/accident insurance status of each student enrolled in a Twin Rivers Career & Technical Education Area program. Please check the one (1) statement below that applies to your child's insurance status:

_____ 1. My child, at the present, is not covered by any health or accident insurance policy.

_____ 2. As parent/guardian, I will purchase school accident insurance from his/her local school.

_____ 3. My child is presently covered under the following health and/or accident insurance company's plan:

(Insurance company's name)

SIGNATURES:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____