



2017-2018

DEADLINE: March 31st

Hancock County Technical Center

New Student Application

(Please complete this application in blue or black ink)

Student Name: _____ Current Grade in School: 9 10 11

Sending School: _____

First Choice Program: _____

Second Choice Program: _____

How to Apply

- Complete application with all appropriate information and signatures (both student & guardian) and submit to your guidance counselor
- Visit the program(s) to which you are applying
- Answer essay questions
- Completed personal and emergency contact information
- Completed Consent, Health, & Field Trip Forms
- Include Immunization Records (with exemptions)
- Counselor page completed and sent to HCTC with completed application and the following:
 - Transcript
 - Most Recent Report Card
 - Attendance & Disciplinary Records
 - Accuplacer Scores
 - Custody Documents that may apply

Personal Information

Student Name: _____

Residence Address: _____

Street Name & Number _____

City _____ State _____ Zip _____

Mailing Address (if different from above): _____

Street Name & Number _____

City _____ State _____ Zip _____

Home Phone: _____

Student Cell: _____

Student Email: _____

Date of Birth: _____ Place of Birth: _____

City _____ State _____

Social Security Number (optional): _____ State ID#: _____

Gender: M F Home Language: English Other (please list): _____

Race: White Native Hawaiian/Other Pacific Islander Asian

 Black/African American American Indian/Alaskan Native

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Parent/Guardian Information

Primary Guardian: Mother Father Other: _____

Name: _____

Last _____ First _____ Middle _____

Cell Phone: _____ Email Address: _____

Work Phone: _____ Employer: _____

Secondary Guardian: Mother Father Other: _____

Name: _____

Last _____ First _____ Middle _____

Mailing Address (if different from student): _____

Street Name & Number _____ City _____ State _____ Zip _____

Cell Phone: _____ Email Address: _____

Work Phone: _____ Employer: _____

I am applying for the Bridge Program: Yes No



SCHOOL SPONSORED FIELD TRIP RELEASE FORM

All field trip notices and descriptions will be communicated with parent in advance of the scheduled trip. Communication will come directly from the program instructor.

STUDENT NAME: _____

My child, _____, has my permission to attend all school-sponsored field trips. I will communicate directly with the program instructor if my child has any medical or unique circumstances that may require special assistance during the field trip.

MEDICAL INFORMATION

_____ My child takes medication during school hours.

_____ My child has _____ allergy and requires _____ medication or special care.

_____ My child has a condition that may interfere with participation in some field trips. Please explain below.

MEDICAL TREATMENT

I hereby give permission the HCTC staff to obtain emergency medical treatment for my minor child. I hereby authorize any health care professional or hospital to provide my child appropriate emergency care.

Print Parent/Guardian Name

Parent/Guardian Signature

Phone #

Date

Should we not be able to reach a parent/guardian in case of an emergency, please list an alternate emergency contact. _____

Emergency Contact

Relationship

Telephone #

Please return this completed form to the HCTC school office

Hancock County Technical Center Health Update

Student Name: _____ Date of Birth: _____ Grade: _____

Please help us to provide your child with a healthy school experience by completing this confidential survey. Information will be shared only on a need to know basis.

The Health Office will have Tylenol, Advil, Pepto Bismol, Tums, Benadryl and cough drops available on an as needed basis for your child throughout the school year. These will be dispensed by the School Nurse or the Administrative Assistant only. Please sign if you want your child to be able to obtain these medications. Your child **WILL NOT** be able to get these unless we have a signature below*.

Please check the following conditions that apply to your child. Include a brief explanation and any dates where appropriate in the space below (you may use the back if necessary). Please notify the school nurse with any concerns/questions.

No known health problems

Con't _____

Allergy bee sting (circle all that apply)

Rash – mild or severe

Swelling at site of sting

Breathing problems

Epipen/benadryl (need MD order)

Allergy to food (circle all that apply)

Rash – mild or severe

Breathing problems

Epipen/benadryl (need MD order)

Allergy to medication (*please list)

Asthma (circle all that apply)

Exercise induced

Currently carries inhaler (list)

History of asthma, not currently active

Attention Deficit Disorder/Attention

Deficit Hyperactive Disorder

Autism

Cystic Fibrosis

Diabetes (Insulin or Diet controlled)

Hearing/Vision Problems (please explain)

Heart Condition (*please explain)

Seizures (*list medication and explain)

Other Pertinent Information (please list):

List all prescribed medications your child takes on a regular basis.

*Explanations: _____

*Guardian Signature

Date

Thank you for your help and let's have a healthy school year!



STUDENT NAME _____

INTERNET IMAGE PERMISSION

Hancock County Technical Center will post digital pictures of students on its web sites and Facebook pages. Please complete and sign the statement below:

- I **do** give permission
- I do **not** give permission

Parent Signature _____ Date _____

NEWSPAPER / TELEVISION PERMISSION

This form also serves as permission for the Ellsworth American weekly newspaper and local news channels to use your child's picture.

- I **do** give permission
- I do **not** give permission

Parent Signature _____ Date _____