

Name: _____ Date: _____ Period: _____



Division of Educational Services Career Technical Education

CTE Information and Authorization Form

Date: _____ Home School: _____ Counselor: _____ Grade: _____

CTE Class: _____ Location: _____ Time: _____ Teacher: _____

Student Name: _____ Birthdate (mm/dd/yyyy): _____ Birthplace: _____

Student Address: _____ Home Phone: _____

Mailing Address (if different than above): _____

Language Spoken in Home: _____ Last Four Digits of Social Security Number: _____

Father/Guardian: _____ Place of Employment: _____ Phone: () _____

Mother/Guardian: _____ Place of Employment: _____ Phone: () _____

EMERGENCY INFORMATION: If my son/daughter or myself (if student is 18 years of age) needs emergency medical attention or has any other emergency, and if neither parent/guardian can be reached, the following people will provide care for him/her or me. My son/daughter may be released to the custody of the named emergency contact persons.

_____ Name: _____ Address: _____
Phone: () _____

_____ Name: _____ Address: _____
Phone: () _____

PERMISSION TO CALL: If my son/daughter or myself (if student is 18 years of age) needs emergency medical attention and I cannot be reached, I give CTE authority to call and arrange ambulance transport, if needed: Yes No

Family Doctor _____ Name: _____ Address: _____
Phone: () _____

Yes No CTE designated emergency clinic/hospital
 Yes No In the event of an extreme emergency, I give my permission for emergency medical treatment.

MEDICAL HISTORY:

Please list any medical alerts: _____

Please list any allergies: _____

AUTHORIZATION TO PHOTOGRAPH: I hereby authorize the Riverside County Superintendent of Schools full and absolute permission to take, or contract with others to take, photographs or videotapes of my child, minor of whom I am the legal guardian or myself (if student is 18 years of age) in an educational environment. Such photographs or videotapes may be published in any media form by the Riverside County Superintendent of Schools for educational and/or public information purposes without compensation or liability from such use.

Initial: _____

CTE GRADING PROCEDURES, RULES, AND COURSE REQUIREMENTS: I have reviewed the CTE course outline regulations, grading procedures, harassment policies, and class requirements for the above CTE class. Without reservations, I hereby agree to comply with these rules as well as any other laws and regulations that apply to, or govern my participation in the CTE training program. I understand that failure to follow class rules and procedures will result in disciplinary action and possible termination from the training program. I understand that good attendance is essential to program success and that students who exceed three unexcused absences may be dropped from the program.

Initial: _____

I have read and understand all of the above requirements. I further understand and agree that the above information will become part of a student file, which may be shared with other education agencies and training site personnel who will be involved in my training program. I

certify that the above information is correct, and I agree to notify CTE immediately regarding any changes.

Date: _____ Signature of Legally Responsible Person: _____