



STUDENT INFORMATION

PERSONAL DATA

Date of Application:	Current High School	Current Grade Level 9 10 11
Last Name:	First Name:	Middle Initial:
The following information is used for TEA accountability purposes only.		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	White <input type="checkbox"/> Asian/Pacific <input type="checkbox"/>	Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/>
Date of Birth:	Social Security Number	Graduation Year:
Mailing Address:		City, State & Zip:
Home Phone #:	Student Cell Phone:	Student Email Address:

PARENTAL INFORMATION

Student Lives with: *(Please Circle)* Both Parents Mother Father Other

Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	Last Name:	First Name:
Home Phone #:	Cell Phone:	Work Phone:
Mother/Guardian Mailing Address (if different from student):		City, State & Zip:
Place of Employment:		Occupation:
Email:		
Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Last Name:	First Name:
Home Phone #:	Cell Phone:	Work Phone:
Father/Guardian Mailing Address (if different from student):		City, State & Zip:
Place of Employment:		Occupation:
Email:		

STUDENT RELEASE STATEMENT

The Career and Technical Education Department of the DENTON ISD will utilize photographs, audio-tapes and videos/ tapes/films of your child taken during the school year. The photos/videos will be used for educational and promotional purposes including PowerPoint Presentations, newsletters, print media, school web page, television media and broadcast media.

No, I Object to the use of my child's photo/video being used in the manner. Please initial if objecting. _____

NOTICES

NOTICE: Completion of this application by itself does not constitute admission to the Advanced Technology Complex or placement on a waiting list.

NON-DISCRIMINATION STATEMENT: The Denton Independent School District does not discriminate on the basis of sex, handicap, race, color and/or national origins in its educational programs. Admission to the career programs is based on age, grade, interest, aptitude and ability. Lack of English language skills will not be barrier to admission and participation in any educational programs. For information about your rights or grievance procedures, contact the Title IX Coordinator 1307 Locust, Denton, TX 76201, (940) 369-0000

HEALTH INFORMATION

Medical Conditions:
(List any medications)

List any Allergies:
(Food & Medications)

EMERGENCY CONTACTS

Please provide the names and phone numbers of three adults to contact in a case of emergency if we are unable to contact you as the parent/guardian. These three individuals will also need to have permission to pick up your student.

Name	Relationship	Daytime Phone Number

Preferred Local Emergency Room: Presbyterian Hospital of Denton Denton Regional Medical Center Nearest

I understand my signature on this application authorizes DENTON ISD to initiate ambulance transfer and emergency treatment at my expense in the event I cannot be reached. I also agree, unless otherwise noted in writing, that this health information may be shared with others related to the care and safety of my son/daughter. I give my permission for a DISD school nurse to receive healthcare information from my son/daughters physician or other health provider this school year.

FOR USE OF TOOLS AND EQUIPMENT

- * Students enrolled in Career & Technology Education courses learn through using the tools and equipment common to the course. Students receive complete instructions and demonstrations concerning the safe use of equipment.
- * Before Students are permitted to use any equipment, they are required to demonstrate an understanding of the safety rules involved in the use of that equipment, must pass a safety examination and adhere to all safety guidelines.
- * Precautions are taken to assure the safest working conditions possible, but there is an element of danger when working with any equipment. As the DENTON ISD and its employees cannot assume responsibility for any accident or injury, it is necessary to secure approval for your son/daughter to use tools and equipment.

I understand my signature on this application grants permission for my son/daughter to use and/or operate equipment in the Career and Technology Education laboratories in the DENTON ISD and hold harmless the district and employees for all claims.

Student Name (printed)

Parent/Guardian Name (printed)

Student Signature

Parent Signature