

**CONFIDENTIAL**

**GOLDEN STRIP CAREER CENTER**

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**STUDENT INFORMATION SHEET 2018-19**

**DIRECTIONS:** Please **print** all information **neatly** using a **DARK** pen. Fill in **ALL** blanks or circle/underline correct responses (write none or N/A if a blank does not apply to you). Thank you.

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

GRADE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RACE: \_\_\_\_\_

STUDENT CELL PHONE #: \_\_\_\_\_ HOME HIGH SCHOOL: \_\_\_\_\_

GSCC COURSE: \_\_\_\_\_ (AM or PM?) GSCC TEACHER: \_\_\_\_\_

WHOM DO YOU LIVE WITH? \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S WORK #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S WORK #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FATHER'S CELL#: \_\_\_\_\_ MOTHER'S CELL #: \_\_\_\_\_

PARENT E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LIST ANY SERIOUS ALLERGIES OR MEDICAL PROBLEMS: \_\_\_\_\_

LIST ANY PRESCRIPTION MEDICINES YOU TAKE EACH DAY: \_\_\_\_\_

Please list the names of authorized individuals who may pick up this student from school:

Name	Relationship	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

## TO THE PARENT OR LEGAL GUARDIAN AND THE STUDENT:

\_\_\_\_\_ (full name of student), who is enrolled in Golden Strip Career Center's \_\_\_\_\_ program, may, as part of the learning experience in some classes, operate various types of equipment providing that a parent or legal guardian gives written permission to do so. No student will be allowed to operate any equipment unless he/she is covered by health insurance or school accident insurance.

It should be understood that each student will be given instruction in the proper use of equipment and in correct safety procedures before being allowed to operate the equipment alone. Since students must take responsibility for following our safety procedures, they are asked to read the four rules below and sign their names as a pledge to follow these and all other safety rules in their particular class. Safety rules are available to parents upon request.

### For the student:

- 1. I will follow all safety rules for my class.**
- 2. I will never use equipment without first having permission from my instructor.**
- 3. I will not ask permission to use or operate a piece of equipment unless I have been instructed in its use and have passed a safety examination.**
- 4. I will report immediately any accident or injury (no matter how minor) to my instructor.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For the parent or legal guardian:

Please sign below to indicate your understanding and consent:

I give my consent to allow my child (named above) to operate all tools and equipment necessary for meeting the requirements of my child's Golden Strip Career Center class. I also give my consent for my child to make class related field trips and tours and also to participate in class related work experiences away from the Golden Strip campus (parental permission required for each event). I also understand and agree that my child must conform to the uniform or dress requirements of my child's class. I further understand that if my child is injured during any Golden Strip activity, the staff will render first aid, summon EMS if my child's condition seems to warrant it, share a copy of this information sheet with EMS personnel, and make every reasonable effort to immediately notify the parent or legal guardian of serious injuries. I understand that my child must have school insurance or other health insurance to participate in any class at Golden Strip Career Center. Finally, **I agree to provide the name and policy number of the health insurance company covering my child.** Possession of school insurance must be proven by either a receipt or note from the high school. Health or accident insurance through a family or personal policy should be provided below.

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_