



STUDENT INFORMATION – 2023-24 SCHOOL YEAR

Student Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Non-Binary

Race: \_\_\_\_\_ White \_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander
\_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_ Prefer not to answer

Are you an OFFICIAL REGISTERED member of any Federally-recognized tribal organizations? (This information is for Federal/State reporting purposes only). Please Check one:

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, which Tribe(s) \_\_\_\_\_

Sending School: \_\_\_\_\_

Northeast Tech Program: \_\_\_\_\_

Session Attending: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ All Day

Is English your Primary Language? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please list language: \_\_\_\_\_

EMERGENCY CONTACTS: (High School students: List parent/guardian)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

COMPLETED BY ADULT STUDENTS ONLY: (Please check which applies to you)

- Less than High School Diploma High School Graduate GED
Some college, no degree Technical Diploma/Certificate Associate Degree
Bachelor's Degree Master's Degree Doctorate Degree



**FINANCIAL OBLIGATION**

I understand that I am responsible for payment of my Northeast Tech tuition and fees even if another entity or method of payment has failed to comply due to loss of funding, financial aid suspension, etc. Non-payment will result in Northeast Tech dismissal.

**STUDENT - INTERNET ACCESS AGREEMENT**

I understand and will abide by the Terms and Conditions for Internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and / or appropriate legal action may be taken.

**PARENT/GUARDIAN (HIGH SCHOOL STUDENT ONLY) - INTERNET ACCESS AGREEMENT**

As the parent/guardian of the student listed on this form, I have read the Terms and Conditions for Internet access. I understand that this access is designed for educational purposes and that Northeast Tech and its Internet service providers have taken available precautions to eliminate controversial materials. However, I also recognize that it is impossible for Northeast Tech and its service providers to restrict access to all controversial materials, and I will not hold Northeast Tech or its service providers responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's or ward's use is not in a school setting. I hereby give my permission to grant Internet access for my child or ward and certify that the information contained on this form is correct.

**DRUG POLICY (BOARD POLICIES 3040, 3060, 3061, 3062, & 3065)**

As a student of Northeast Tech, I have received and read the Drugs and Alcohol Abuse Policies regarding the maintenance of a drug-free school. I understand the possession, use or distribution of any alcohol or controlled substance will result in disciplinary and/or legal action. I also understand that counseling and other resources are available from the Student Services director if I elect those services.

**NON-DISCRIMINATION and TITLE IX NOTIFICATION**

As a student of Northeast Tech, I have received information regarding Northeast Tech's Non-Discrimination and Title IX policies. I understand that Northeast Tech is an equal opportunity educational institution.

**ACKNOWLEDGEMENTS**

By signing below, I, the student (or parent/guardian of high school student), hereby acknowledge I have received information on how to access the Northeast Tech Student Handbook and I have reviewed all contents and above stated notices. I understand that I will be held responsible to abide by all Northeast Tech's policies and regulations as stated in Student Handbook while participating with any affiliated Northeast Tech activity and/or instruction that may include, but not limited to, being on campus, in classroom and/or activity off campus.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Student Name: \_\_\_\_\_

**PERMISSION FOR EMERGENCY MEDICAL CARE**

I give permission for my high school student, or myself if adult student, to receive necessary first aid treatment at Northeast Tech or at the nearest hospital or medical clinic. I understand that I will assume financial responsibility for that treatment.

(Please Initial One) \_\_\_\_\_ I authorize \_\_\_\_\_ I do not authorize

Please check/list any medical conditions that Northeast Tech staff needs to be aware of:

\_\_\_\_\_ Diabetic      \_\_\_\_\_ Seizures      \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**PARENTAL CONSENT TO ADMINISTER MEDICATION(S)**

As the parent or guardian with legal custody of the above-named student, I hereby authorize Northeast Tech Employees to administer the following medications during school hours when needed. I understand that under state law, the Board of Education, the School District, or employees of the District shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of the school employees in administering the medicine I have hereby authorized.

The following medications, **which must be supplied by the parent**, may be administered to the student listed above in the case of minor injuries, bug bites, headaches, or fever. The medication initialed below indicates that the student has shown no allergic reaction to the medication in the past. Medication will be administered according to package directions. (Please Initial Authorized Medications)

\_\_\_\_\_ Tylenol      \_\_\_\_\_ Ibuprofen      \_\_\_\_\_ Benadryl

\_\_\_\_\_ Triple Antibiotic Ointment/Medicated First Aid Spray      \_\_\_\_\_ Antacids

\_\_\_\_\_ Other (Please list medication\*) \_\_\_\_\_

\*If your child takes prescription medication or begins taking prescription medication during the school year, they will need to check their medication into the office as soon as they arrive on campus. All prescription medications must be in a prescription bottle from a pharmacy, showing it is prescribed to the student, with dosage instructions listed.

Parents/Guardians will be notified and asked to take their child home if they are contagious or too ill to perform class work.



**PERMISSION TO TRAVEL**

To provide complete training in our technical programs, it is frequently necessary that we take our students on field trips to interact with the individuals involved in community service projects, and to perform the work related to those projects. In addition, it is also necessary to observe the actual career operations in industry.

Students are under the supervision of the instructor or administrator in charge. All precautions will be taken to provide for the safety of the students. The students will be required to act in ways that reflect the spirit of Northeast Tech, and the professionalism required for entry into their chosen career. I understand that if a discipline problem arises with my child, I may be called to come pick them up.

Northeast Tech has permission for my child, a student at Northeast Tech, to attend all off-campus school activities for this school year. This permit hereby releases the Northeast Tech and instructor from any liability that may result from any type of accident to person or property while attending these trips, and all responsibility beyond that of normal supervision. My permission is given for school officials to secure emergency medical treatment from qualified personnel, and I assume full responsibility for payment of such medical treatment should such treatment be necessary.

(Please Initial One)      \_\_\_\_\_ I authorize      \_\_\_\_\_ I do not authorize

By signing below, I, the student (or parent/guardian of high school student), hereby attest to the information entered into the permission for emergency medical care, administration of medications and travel authorization sections above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Student Name: \_\_\_\_\_

**PARKING PERMIT VEHICLE REGISTRATION**

Please complete the following if you will be driving or plan to drive to Northeast Tech. A Parking Permit will be issued to you to display in vehicle(s) while parked on Northeast Tech campus. Please update information as needed to Northeast Tech Student Services. (Example: TAG# 123-ABC, MAKE/MODEL, Ford Mustang, COLOR Blue)

TAG # \_\_\_\_\_  
MAKE/MODEL \_\_\_\_\_  
COLOR \_\_\_\_\_

TAG # \_\_\_\_\_  
MAKE/MODEL \_\_\_\_\_  
COLOR \_\_\_\_\_

**STUDENT MEDIA RELEASE FORM**

I hereby authorize the officials of Northeast Tech permission to photograph or film my high school student, or myself if adult student, during school activities and grant the rights to the use and reproduction of those photos and video, in print or electronic form, to Northeast Tech. I also grant the right for Northeast Tech to post and publicize my high school student's name, or my name if adult student, in connection with competing in student competitions, class activities, campus activities, or any other activity of interest. This publicity may include but is not limited to the Northeast Tech website, other websites, local newspapers, newsletters, radio, TV, billboards, postcards, etc.

(Please Initial One) \_\_\_\_\_ I authorize \_\_\_\_\_ I do not authorize

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize officials of Northeast Tech to release information in the records and files of the below named student upon request by prospective/current employers, military agencies, other educational institutions, and/or educationally-related financial/sponsoring agencies. This authorization shall remain in effect while I am a student and thereafter until I give written notice withdrawing authorization.

(Please Initial One) \_\_\_\_\_ I authorize \_\_\_\_\_ I do not authorize

By signing below, I, the student (or parent/guardian of high school student), hereby attest to the information entered into the parking permit, media release and authorization to release information authorization sections above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE