

BCTC ADMISSIONS AGREEMENT

Student's Name: _____ **Date of Birth:** _____
(month, day, year)

Choosing to attend Berks Career & Technology Center (BCTC) requires making an informed and responsible career decision. A student's success and continued enrollment will depend on the following:

- Regular attendance – You will be expected to be prompt and attend regularly.
- Positive Behavior and Self-Discipline – You will be expected to work cooperatively with all staff and students, demonstrating respect and self-control at all times.
- Effort and Safety – You will be expected to participate actively in all educational activities as directed by the teacher, achieve to the best of your ability, and adhere to all safety rules and regulations. Furthermore, you agree not to attempt to perform any procedure, use any tools/equipment, or handle any supply or material without proper training and the approval of the assigned teacher.
- Financial Requirement – You will be required to purchase certain items that uniquely pertain to your particular program (e.g. personal safety equipment, clothing, selected tools, and textbooks/workbooks).

Both the students and the parents acknowledge the inherent risk and potential for injury involved in career and technical programs and agree to the aforementioned requirements as a condition for acceptance. I consent to allow my child to receive emergency first aid at BCTC in the event of sudden illness or accident. If their condition should require treatment by a doctor and none of the emergency contact persons listed can be reached, I further give permission for my child to be transported by an ambulance or responsible person to the nearest hospital or physician available. I will assume the necessary expense if any. I understand BCTC does not carry insurance to protect my child from expenses due to accidents and that student accident insurance is available through my own school district. I give permission for my child to be administered selected over-the-counter medications as recommended by the school's Doctor of Record during school hours if requested by my child. Prescription medications will only be administered after receiving an order from a physician. Furthermore, I relieve BCTC and its employees of any and all liability for the administration of medication.

I have a preference that _____ Hospital be used.
Health Insurance Company _____.

Consistent with Section 438 of the General Education Provisions Act, Title IV of Public Law 90-247 (Confidentiality of Records), we hereby give permission for the release of any and all school records concerning the applicant. This may include such things as the pupil's name, address, birth date, grade completed; results of various standardized tests, grades, attendance records, discipline reports, teachers' recommendations, family background, health and dental records. We understand this record will be treated with complete confidentiality and that only authorized school personnel may review the verified information without signed consent. I may review & correct these records in accordance with the BCTC's Records Policy which is available at www.berkscareer.com. Furthermore, students who fail to complete the year successfully and/or do not earn the required OSHA safety card cannot return the next year. Your signatures indicate full knowledge that failure to comply with the requirements may result in removal from BCTC and reassignment to a more appropriate educational program.

I am committed to the admission agreement and request admission to the program/course as indicated on this application.

(Student Signature)

(Date)

BCTC ADMISSIONS AGREEMENT (cont.)

CONSENT AUTHORIZATION - I am the parent or legal guardian of the student applicant, have examined the information on this application including course selection(s) and agree with the terms of the Admissions Agreement.

 (Parent/Guardian Signature)

 (Date)

Consistent with Pennsylvania School Code § 13-1304-A (Safe Schools), I hereby swear or affirm that my child **was** **was not** previously suspended or expelled, or **is** **is not** presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. § 13-1304-A (b) and 18 PA. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

 (Parent/Guardian Signature)

 (Date)

The BCTC Student Handbook will answer many of the questions you may have about the rules and activities here at the Career Center. PLEASE VISIT www.BerksCareer.com TO VIEW THE ENTIRE DOCUMENT and for reference purposes.

Please give special attention to the following sections:

Section III titled "Student Code of Conduct/Discipline", and **Section XII** titled "Acceptable Use of Internet, Computers and Network Resources". Within these sections you will find helpful information concerning our discipline policy and responsibilities required of all Internet users. Accepted students are also requested to review **Section I** titled "Attendance". Since curriculum delivery at the Career Center greatly involves teacher demonstration and hands-on activities, student attendance is very important. Failure to attend school on a regular basis will have a great impact on a student's overall grade.

Parent/Guardian
 Initials

Standing Orders Agreement

By initialing here, parent/guardian gives permission for his/her child to be administered selected over-the-counter medications (Tylenol, Motrin, or Tums) as recommended by the school's Doctor of Record consistent with BCTC's standing orders during school hours if requested by my child. Furthermore, I relieve BCTC and its employees of any and all liability for the administration of medication.

Please list any severe allergies that your child might have:

Does your child have special health problems, physical limitations, or any existing health conditions (i.e. sickle cell, seizures, or a pacemaker) that the Nurse needs to be aware of: ___ Yes ___ No. If yes, please list them:

BCTC ADMISSIONS AGREEMENT (cont.)

Parent/Guardian
Initials

Student Photo/Video Disclosure

By initialing here, parent/guardian agrees to allow BCTC to use photographs or video images of my son/daughter in the BCTC yearbook, on the website, in the Communication Media Technology program, for marketing and recruitment, for special achievement, for recognition of my son/daughter in conjunction with local media, and for social media to market the school.

Parent/Guardian
Initials

Virtual Instruction Disclosure

I understand my son/daughter will be utilizing their video (webcam and audio) to participate in live class sessions through videoconferencing with their teacher(s), classmates, support staff and administration through the use of the Berks Career and Technology Center's web/audio conferencing and learning management system delivery services of Online Curriculum Systems and/or Microsoft Office 365. Furthermore, I also understand portions of these videoconferencing sessions may be recorded for student and teacher access after the class session. All recorded portions of the class lesson will be stored in a secure location where only members of the class and teacher can access them with username and password, for educational purposes.

Parent/Guardian
Initials

Telephone Customer Protection Act (School Messenger)

By initialing here, parent/guardian chooses to opt-in and give his/her consent to receive automated phone calls, emails, and text messages from the Berks Career and Technology Center that contain relevant important information pertaining to BCTC and my student. The Berks Career & Technology Center uses the SchoolMessenger notification service to send important information to families through phone calls, emails, and text messages. In order to comply with the Telephone Consumer Protection Act, BCTC is required to obtain consent to transmit automated phone calls, emails, and text messages. Consent is not required for contacts for "emergency purposes," defined as a call "made necessary in any situation affecting the health and safety of consumers." **Please refer to page 5 of the Student Handbook for more detailed information.**

Parent/Guardian
Initials

COVID-19 Sign Off

Please review the signs and symptoms information regarding COVID-19 on the eSchoolData Parent Portal: parents.csiu-technology.org/BerksCTC

By checking this box, I verify I have read and reviewed the COVID-19 guidelines. I understand the public safety importance of following these guidelines and not jeopardizing the health of others. I agree to keep my student home should any of the signs or symptoms appear.

Parent/Guardian
Initials

Educational App Disclosure

I understand Berks Career and Technology Center uses a variety of different instructional and education resources. Students' information, security and safety are always a top priority. Therefore, we have compiled a listing of approved applications, and it can be found on our website: www.berkscareer.com/domain/1232. This list is changing as our needs and resources change. Please check this information for software that your student may use while attending BCTC. Check back to this site frequently as this list may change.

Parent/Guardian Signature

Date

Student Signature

Date