

## Clean Technologies & Sustainable Industries Early College High School Program

March 2019

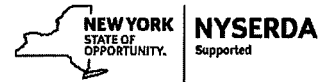
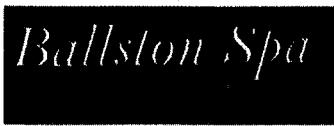
Dear Parent/Guardian of ECHS Student,

We are fortunate that our students have many opportunities made available through our program. Please complete the enclosed forms and have your student return them at the April visit or scan and email them to me at, [asnow@bscsd.org](mailto:asnow@bscsd.org), or you can mail them to Adrienne Snow at Ballston Spa High School, 220 Ballston Ave., Ballston Spa, New York 12020. We have supplied a checklist to assist you with tracking the permission slips. Driving forms will be given to students on the first day of classes in 2019-2020. Students will return those forms to me after receiving their principal's signature on them. Please contact me with any questions.

Sincerely,  
Adrienne Snow  
ECHS Program Coordinator

### Form Checklist

- Laptop Permission Slip
- GoPro Permission Slip
- Universal Permission Slip
- Social Media
- Medication Carry Form (If Applicable)
- Emergency Card
- School Tool Account Set Up
- YouTube Permission Form
- Student Registration Forms- Fill in information above the line and sign. Leave the chart blank.

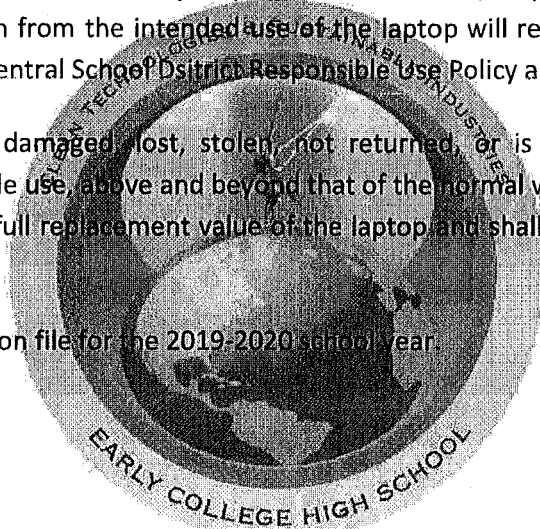


## Clean Technologies & Sustainable Industries Early College High School Program

### Laptop Use Policy

As a student participating in the Clean Technologies & Sustainable Industries Early College High School Program, I \_\_\_\_\_ agree to the following term, conditions, and policies regarding the provided laptop as outlined and identified below for the 2019-2020 school year.

1. The student has been given permission from his or her parent or guardian to be provided a laptop and the parent/guardian signifies awareness of the terms of this agreement by printing his or her name and signing in the spaces below.
2. The student is aware that he or she is solely responsible for the safe, responsible use and return of the stated equipment. Deviation from the intended use of the laptop will result in disciplinary action. All aspects of the Ballston Spa Central School District Responsible Use Policy and Code of Conduct apply.
3. In the event the laptop is damaged, lost, stolen, not returned, or is rendered inoperable due to mistreatment, or irresponsible use, above and beyond that of the normal wear and tear, the student will then be responsible for the full replacement value of the laptop and shall reimburse the school district within 30 days.
4. This agreement shall remain on file for the 2019-2020 school year.



\_\_\_\_\_  
*Printed Parent/Guardian Name*

\_\_\_\_\_  
*Signature of Parent/Guardian*

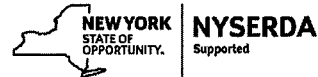
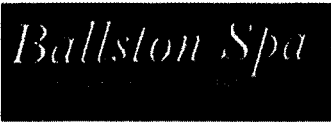
\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of Student*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

**Please return this form by May 22, 2019. The form may be scanned and emailed to [asnow@bscsd.org](mailto:asnow@bscsd.org) or mailed to Adrienne Snow at 220 Ballston Avenue, Ballston Spa, NY 12020.**

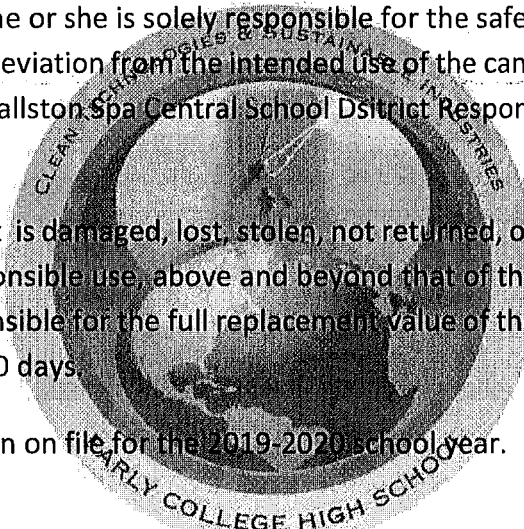


## Clean Technologies & Sustainable Industries Early College High School Program

### Go Pro Camera Policy

As a student participating in the Clean Technologies & Sustainable Industries Early College High School Program, I \_\_\_\_\_ agree to the following terms, conditions, and policies regarding borrowing the provided technology equipment outside of the school day during the 2019-2020 school year.

1. The student has been given permission from his or her parent or guardian to be provided a camera and the parent/guardian signifies awareness of the terms of this agreement by printing his or her name and signing in the spaces below.
2. The student is aware that he or she is solely responsible for the safe, responsible use and return of the stated equipment. Deviation from the intended use of the camera will result in disciplinary action. All aspects of the Ballston Spa Central School District Responsible Use Policy and Code of Conduct apply.
3. In the event the equipment is damaged, lost, stolen, not returned, or is rendered inoperable due to mistreatment, or irresponsible use, above and beyond that of the normal wear and tear, the student will then be responsible for the full replacement value of the laptop and shall reimburse the school district within 30 days.
4. This agreement shall remain on file for the 2019-2020 school year.



\_\_\_\_\_  
*Printed Parent/Guardian Name*

\_\_\_\_\_  
*Signature of Parent/Guardian*

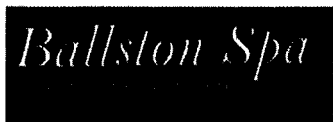
\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Student*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

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## Clean Technologies & Sustainable Industries Early College High School Program

Dear Parents/Guardians:

As part of the Early College High School Program students are provided with educational opportunities in the form of field trips. Students will take field trips throughout the program, some of these opportunities arriving with a few days notice. Students will participate in the trip during the high school portion of their class time at the TEC-SMART facility. In an effort to streamline the process of approval, we are asking that parents sign this universal permission slip to cover **ALL** field trips. We will update the ECHS website, found at <https://www.bscsd.org/Page/12050> with the specific field trip dates, locations, and times for you to reference. If you would like an individual permission slip for each field trip, please indicate that below.

**DRESS CODE:** The dress code for all trips are: no shorts, no open toe shoes, and recommend comfortable shoes.

If you have any questions please don't hesitate to contact Lyndsey Wilcox; [lwilcox@bscsd.org](mailto:lwilcox@bscsd.org), or I; [asnow@bscsd.org](mailto:asnow@bscsd.org). We can also be reached at 518-884-7150 ext. 2362.

Thank you,

Adrienne Snow  
ECHS Program Coordinator

- I give my child permission to attend **ALL** ECHS field trips. I understand that field trips will be listed on the ECHS website as they become available.
- I elect to have individual permission slips sent home for each field trip my child is invited to attend.

Student Name (Please print)	Parent or Guardian (signed)	Date
Home Phone _____	Work Phone _____	Cell _____

Please check below IF your child has sensitivity to:

Bee Sting  Nuts  Dairy  Latex  Other \_\_\_\_\_

Required medications: \_\_\_\_\_

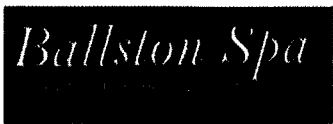
Please check below IF your child has:

Asthma  Diabetes  Kidney Injuries  Seizure Disorder  Heart Condition  Other Medical Condition

Required medications: \_\_\_\_\_

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

If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on file. *(If ordered by the student's physician, an epipen must be provided for all field trips).*



## Clean Technologies & Sustainable Industries Early College High School Program

March 2019

Dear Parents/Guardians:

Students in the Clean Technologies & Sustainable Industries Early College High School will have increased opportunities to connect with business partners, staff, and classmates in a professional setting. LinkedIn, Google platform, SnapChat, and Twitter are social media tools used in the business and professional environment. LinkedIn is a tool for students to connect with business and industry. Google allows students to collaborate on documents. Twitter is an online forum where people can post information, "like" what people post, or share what people have posted. One example is the Twitter account for our program @CleanTechECHS. Students will be given the opportunity to create a LinkedIn profile as part of their experience in the program. Some of the HVCC college professors will also ask students to create a LinkedIn account as part of their course.

By signing the form below, you indicate that you understand the creation and use of the LinkedIn account, Twitter, and Google and agree to follow the established expectations. **This form will stay on file until the student's graduation from the program. If the parent/guardian wishes to rescind this permission, they must do so in writing to ECHS Program Coordinator.**

- The goal is for students to understand and appropriately use social media for assignments.
- Students are expected to follow BSCSD's Responsible Use Policy.
- Students are expected to conduct themselves in a professional and respectable manner.
- Students will use social media to connect with business and industry representatives to help them learn about career opportunities and develop workplace skills.
- Students will be interacting with adults in a professional environment.
- Students could be sharing personal information, depending on what they enter in their personal profile. This can be comparable to a Facebook account. Students have to accept a connection through LinkedIn before someone can see their profile.
- Communications on LinkedIn, Google, SnapChat, and Twitter will **not** be monitored by ECHS staff.
- Students will be using their HVCC email account for the social media tools.

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

Student Signature: \_\_\_\_\_

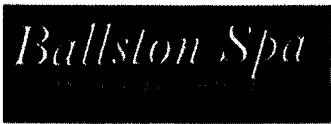
Date: \_\_\_\_\_

Parent Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Clean Technologies & Sustainable Industries Early College High School Program**

**BALLSTON SPA CENTRAL SCHOOL DISTRICT  
Administration of Medication in School and School Activities  
Parent and Healthcare Provider's Authorization**

**A. To be completed by the Parent or Guardian:**

I request that my child \_\_\_\_\_ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy. The school nurse may contact the prescriber as needed.

**Signature** (Parent or Guardian): \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Date \_\_\_\_\_

**B. To be completed by the Private Healthcare Provider:**

I request that my patient, as listed below, receive the following medication:

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **\*\*ICD-10:** \_\_\_\_\_

**Health Care Provider Permission for Independent Use and Carry**

I attest that this student has demonstrated to me that he/she can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies only to the emergency medications checked below:

MEDICATION	SELF-CARRY	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMIN.

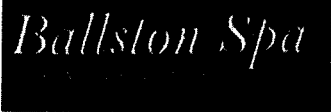
**Healthcare Provider's Printed Name with title:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date (Full)** \_\_\_\_\_

**License #:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

\* Medication must be in original pharmacy labeled container with specific orders and name of medication.  
**This medication order is valid for July 1, 2019- June 30, 2020.**



# Clean Technologies & Sustainable Industries Early College High School Program

## BALLSTON SPA CSD STUDENT EMERGENCY CARD (for Office use only)

### Student Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Who does the child live with? \_\_\_\_\_ Who should be called first? \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Work Phone \_\_\_\_\_

Which is the best # to reach you at? Home Cell Work

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Work Phone \_\_\_\_\_

What is the best number to reach you: Home Cell Work

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

First choice:

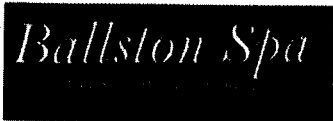
Second choice:

Name:	Name:
Address:	Address:
Phone(H):	Phone(H):
Phone(W):	Phone(W):
Phone(C):	Phone(C):
Relationship:	Relationship:

Health Information: List any health conditions, such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or chronic conditions, etc:

\_\_\_\_\_  
 \_\_\_\_\_

\*\*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**Clean Technologies & Sustainable Industries Early College High School Program**

**School Tool (Grading and Attendance) Portal Registration Form**  
(Please Print)

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

School District: \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Please complete the section for Parent 1 if only one parent would like or needs access to your child's grades. Complete both Parent 1 and Parent 2 information if more than one parent would like or needs access to your child's grades. If you are from a district other than Ballston Spa Central School District please be aware that this will be a separate School Tool account from the account you have for your child's home school.

Parent 1 last name: \_\_\_\_\_

Parent 1 first name: \_\_\_\_\_

Parent 1 email address: \_\_\_\_\_

Parent 1 address: \_\_\_\_\_

Parent 1 Home phone number: \_\_\_\_\_

Parent 1 cell phone number: \_\_\_\_\_

Parent 2 last name: \_\_\_\_\_

Parent 2 first name: \_\_\_\_\_

Parent 2 email address: \_\_\_\_\_

Parent 2 address: \_\_\_\_\_

Parent 2 Home phone number: \_\_\_\_\_

Parent 2 cell phone number: \_\_\_\_\_

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# P-TECH Program Student Record Information Form

Hudson Valley Community College, 80 Vandenburg Avenue, Troy, NY 12180-6096 (518) 629-4574 [www.hvcc.edu](http://www.hvcc.edu)

Social Security Number\* \_\_\_\_\_

Name\* \_\_\_\_\_  
Last First MI

\*HVCC is required by federal law/regulations to collect your social security number (SSN) or correct individual taxpayer identification number (ITIN) to file information returns with the IRS and to furnish a statement to you. In addition, your name on file with the College must match your name as filed with the Social Security Administration. PENALTY: if you fail to furnish your correct SSN or ITIN to the College, you may be subject to a penalty levied by the IRS.

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Personal E-Mail \_\_\_\_\_ (  Check here for change of address)

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

\*Sex Code: M OR F Date of Birth: \_\_\_\_\_

Are you the family member of someone who served in the active United States military Armed Forces? [ ] Yes [ ] No

As required by SUNY System, all students must answer the following two questions:

Have you ever been convicted of a felony? [ ] Yes [ ] No  
Have you ever been dismissed from a college or university for disciplinary reasons? [ ] Yes [ ] No

\*Are you Hispanic/Latino? [ ] No [ ] Yes If yes, what is your background? (select one) [ ] Central American [ ] Dominican [ ] Mexican [ ] Puerto Rican [ ] South American [ ] Other/Hispanic/Latino

\*All students, please indicate your race (select one or more): [ ] American Indian or Alaskan Native [ ] Asian [ ] White [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] Two or More Races [ ] Unknown

\*NOTE: Hudson Valley Community College is required to furnish New York State with gender and ethnic data for every student.

Semester/Year: Fall 2019 What is your Home High School? \_\_\_\_\_

CRN	Subject	Course #	Section #	Course Title	# of Credits

I hereby give permission to Hudson Valley Community College to send my grades to my high school guidance office and/or the P-TECH Program Administrator/Official. 2/19

Ballston Spa [ ] Capital Region BOCES [ ] Troy Pathway \_\_\_\_\_  
Year: [ ] 1 [ ] 2  3 [ ] 4 [ ] 5 [ ] 6

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Adrienne Snow Program Administrator/Official Date 3/10/19