



880 Parsons Road  
Traverse City, MI 49686

# ENROLLMENT FORM

\_\_\_\_\_  
1<sup>ST</sup> Choice TBA CTC Program

\_\_\_\_\_  
2<sup>nd</sup> Choice TBA CTC Program

AM  PM  
 1<sup>st</sup> Yr.  2<sup>nd</sup> Yr.

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home High School: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex:  M  F

Ethnic Group:  American Indian  Asian  Black or African American  Hispanic  White  
Choose ALL that apply.

Primary Language spoken at home:  English  Spanish  Other: \_\_\_\_\_

What grade will you be in during the 2009-2010 school year:  9  10  11  12

If adult, are you a high school graduate?  YES  NO

CHECK ONE:

FATHER  STEP-FATHER  GUARDIAN

Other (relationship): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different than yours):  
\_\_\_\_\_

I DO live with this person.

I DO NOT live with this person.

CHECK ONE:

MOTHER  STEP-MOTHER  GUARDIAN

Other (relationship): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different than yours):  
\_\_\_\_\_

I DO live with this person.

I DO NOT live with this person.

When parents **CANNOT** be reached in an emergency, call:

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

Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### HOME SCHOOLED STUDENTS ONLY:

Birth Certificate Attached (please include copy)

Immunization Record Attached (please include copy)

School of Residence:  
\_\_\_\_\_

### COUNSELOR USE ONLY:

IEP Attached (please include copy)

504 Plan Attached (please include copy)

OVER PLEASE

# EMERGENCY MEDICAL – PHOTOGRAPHIC – FIELD TRIP PERMISSION RELEASE FORM

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

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Required Medications: \_\_\_\_\_

## Health Factors: (Check all that apply.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> nothing known              | <input type="checkbox"/> aspirin allergy             | <input type="checkbox"/> special blood condition |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> penicillin allergy          | <input type="checkbox"/> sulfa allergy           |
| <input type="checkbox"/> heart disease              | <input type="checkbox"/> multiple critical allergies | <input type="checkbox"/> bee sting allergy       |
| <input type="checkbox"/> hemophiliac                | <input type="checkbox"/> epileptic                   | <input type="checkbox"/> other:                  |
| <input type="checkbox"/> diabetic                   | <input type="checkbox"/> asthma                      | <input type="checkbox"/> other:                  |

I hereby approve of my son/daughter going on sanctioned TBA Career-Tech Center local area field trips and in case of an emergency, or where there is need of medical attention, I hereby grant permission for the TBA Career-Tech Center or its representative, to authorize such treatment as needed by a qualified nurse, physician or hospital for my son/daughter, \_\_\_\_\_. I also grant permission for the necessary information to be released to the insurance company. I will be responsible for all medical expenses incurred.

I hereby grant permission to TBA Career-Tech Center to publish or authorize publication of, in any form, photographs in which my son/daughter appears for educational, editorial, illustrative, or promotional purposes.

I hereby grant permission for my son/daughter to receive health care at the Youth Health & Wellness Center on the TBA Career-Tech Center campus.

Does your student receive Special Education support? Yes  No   
If yes, is it an  IEP? or  504 Plan?

Preferred method for routine communication:  Email  U.S. Mail

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

### Notice of Nondiscrimination Policy

*It is the policy of the Traverse Bay Area Intermediate School District that no person shall, on the basis of race, color, national origin, creed or ancestry, political belief, sex, disability, handicap, religion, age, height, weight, or marital status be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity and in employment.*

*Students who believe they have been discriminated against are encouraged to report complaints promptly to Assistant Principal, TBAISD CTC, 880 Parsons Road, Traverse City, MI 49686; 231.922.6379.*