



880 Parsons Road  
Traverse City, MI 49686

2017-2018

# STUDENT DATA FORM

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

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

(Name as it appears on birth certificate)

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

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

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

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

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

Ethnic Group:  Asian American  Black/African American  Hispanic or Latino  Middle Eastern  
 Native American  Pacific Islander  Ukrainian  White

Choose ALL that apply.

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

### CONTACT # 1 – PARENT OR GUARDIAN:

Specify: \_\_\_\_\_

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.

### CONTACT # 2 - PARENT OR GUARDIAN:

Specify: \_\_\_\_\_

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.

### CONTACT # 3: When Contacts 1 and 2 CANNOT be reached in an emergency, call:

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

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

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

### HOME SCHOOLED STUDENTS ONLY:

Birth Certificate Attached (please include copy)

Immunization Record or Waiver Attached

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

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"/> diabetes   | <input type="checkbox"/> asthma                  |
| <input type="checkbox"/> attention deficit disorder | <input type="checkbox"/> hemophilia | <input type="checkbox"/> special blood condition |
| <input type="checkbox"/> heart disease              | <input type="checkbox"/> epilepsy   | <input type="checkbox"/> other: _____            |

Allergic to: \_\_\_\_\_

I hereby approve of my son/daughter going on sanctioned TBA Career-Tech Center local area field trips. 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 will be responsible for all medical expenses incurred.

**NO, I do not approve.**

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.

**NO, I do not grant permission.**

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

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 the Assistant Principal, TBAISD CTC, 880 Parsons Road, Traverse City, MI 49686; 231.922.6369.*