



880 Parsons Road
Traverse City, MI 49686

2018-2019

STUDENT DATA FORM

1ST Choice TBA CTC Program

2nd 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.