

**Technical College High School, Pennock's Bridge Campus**  
**Student and Parent/Guardian Signature Check List**  
**2015/2016**

Parents/guardians and students are asked to initial each item as appropriate and return this Check List to the student's teacher along with the forms required to be returned, as noted below.

                  **TCHS, Pennock's Bridge Campus Student Handbook**  
P/G Student I acknowledge the 2015-2016 TCHS, Pennock's Bridge Student Handbook has been reviewed with me. I also understand that it is my responsibility to read this handbook, on line or by copy available in the main office, and become familiar with its contents.

                  **Attendance and Grading, and Student Responsibilities and Regulations on Student Discipline and Student Driving/Riding**  
P/G Student I acknowledge that I have received a copy of the 2015-2016 TCHS, Pennock's Bridge, policies on: Attendance and Grading, and Student Responsibilities and Regulations on Student Discipline and Student Driving/Riding

                  **Educational Support Groups**  
P/G I grant permission for my child to participate in educational support groups at TCHS, Pennock's Bridge.

                  I do NOT grant permission for my child to participate in educational support groups at TCHS, Pennock's Bridge.  
P/G

**Forms required to be returned:**

                  **CCIU Acceptable Use Policy and User Contract**  
P/G Student I acknowledge that I have received a copy of the CCIU Acceptable Use Policy. I also understand that it is my responsibility to read this policy and become familiar with its contents.

                  **Photo/Video Permission/Release**  
P/G I acknowledge that I have received and completed the Photo/Video Permission/Release form.

                  **Home Language Survey**  
P/G I acknowledge that I have received and completed the Home Language Survey.

                  **Health Summary and Emergency Contact**  
P/G Student I acknowledge that I have received and completed the Health Summary and Emergency Contact form.

<b>Student Name (please print)</b>	<b>CTE Program</b>	
Student Signature	Date	
Student Email Address (print)		
Parent/Guardian Signature	Date	
Parent/Guardian Email Address (print)		
Home Phone	Cell Phone	Work Phone



## NETWORK ETIQUETTE AND POLICY

The user is expected to follow the generally accepted rules of network etiquette. These rules include, but are not limited to, the following:

- Be polite.
- Never send or encourage others to send abusive messages.
- Use appropriate language. Remember that the user is a representative of his/her school. What is written can be viewed world-wide! Never swear, use offensive or obscene words, or any other inappropriate language.
- Privacy. Users should never reveal their names, home addresses and personal phone numbers or the names, addresses and phone numbers of any other person.
- Electronic mail. Electronic mail (e-mail) is not guaranteed to be private. Messages relating to, or in support of, illegal activities must be reported to the building administrator.
- Disruptions. Users must not disrupt the computer network in any way.

I have read the Network Etiquette and Policy section, and I understand and agree to the terms.

User's Initials: \_\_\_\_\_

## SERVICES

The Chester County Intermediate Unit makes no warranties of any kind, whether expressed or implied, for the service it is providing. CCIU will not be responsible for any problems suffered while on the Internet. These include, but are not limited to, loss of data as a result of delays or otherwise, non-deliveries, misdeliveries, or service interruptions caused by the Internet or user which include errors or omissions. Use of any information obtained through the Internet is at the user's own risk. CCIU will not accept any responsibility for the accuracy of information obtained through the Internet.

I have read the Services section, and I understand and agree to the terms.

User's Initials: \_\_\_\_\_

## SECURITY

Security on any computer system is a high priority because there are so many users. If any user identifies a security problem, s/he must notify the building administrator at once without discussing it or showing it to another user. The user must not use another individual's Internet account. Any user identified as a security risk will be denied access to the Internet.

I have read the Security section, and I understand and agree to the terms.

User's Initials: \_\_\_\_\_

## VANDALISM

Vandalism includes any attempt to harm or destroy the computer system, the hardware, the software, or the data of another user or any other agencies or networks that are connected to the Internet. This includes, but is not limited to, the uploading or creation of computer viruses. Any vandalism will result in the immediate loss of computer services, school disciplinary action, and a referral to the appropriate law enforcement agencies.

I have read the Vandalism section, and I understand and agree to the terms.

User's Initials: \_\_\_\_\_

## TERMINATION

The CCIU has the sole right at any time for any reason to terminate any user's access to and the use of the Internet.

## PARENT OR GUARDIAN

Students must also have the signature of his/her parent or guardian who has read this contract.

As the parent or guardian of this student, I/we have read this contract and understand that access to and utilization of the CCIU Internet is designed for educational purposes. I/we understand that it is impossible for the CCIU to restrict access to all controversial materials, and I/we will not hold the CCIU responsible for materials acquired on the Internet. I/we also agree to report any known or suspected misuse of the information to the CCIU building administrator. Misuse may exist in many forms and shall include, but is not limited to, any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and other issues described in the User Contract.

I/we accept full responsibility for supervision if, and when, my child's use is not in a school setting that may include dial-in access to the school's computer network. I/we hereby give permission for my child to use the Internet and to be issued a school Internet account. I/we certify that the information contained on this form is correct.

Please print the parent's or guardian's full name:

\_\_\_\_\_

Parent or Guardian Signature:

\_\_\_\_\_

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

/emw  
8/20/99



## Photo/Video Permission/Release Form

Dear Parent/Guardian:

The Chester County Intermediate Unit Board of Directors safeguards the privacy of its students as provided under federal and state law and obtains all necessary permissions before releasing student information, and is therefore requesting permission to photograph/videotape your child/ward and to identify him/her as stated below.

Please complete the form below and return it to your child/ward's teacher as requested.

I, the undersigned, hereby grant the Chester County Intermediate Unit Board of Directors and administration permission to photograph/videotape my child/ward (print child's name) \_\_\_\_\_ and to publish his/her photograph/videotape and to identify him/her while he/she is participating in a Chester County Intermediate Unit program or event. I understand that I do not have to grant permission and that my child will be able to fully participate in Chester County Intermediate Unit programs/events and activities.

Please check ALL that apply:

- I grant permission to photograph/videotape my child, to identify him/her by name and to identify the CCIU program in which he/she is participating.
- I grant permission to publish my child's photograph in CCIU print publications including but not limited to *IU Review*, *CenterPoint*, CCIU brochures, CCIU annual report, and general news publications.
- I grant permission to have photographs and videotapes containing my child's image and likeness only posted on the Internet.
- I do NOT grant permission to photograph/videotape my child.

Parent/Guardian's Signature: \_\_\_\_\_

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

# Mr. Fuchs would like you to join CIS Weekly!



To receive messages via text, text **@csc2015-16** to **81010**. You can opt-out of messages at anytime by replying, 'unsubscribe @csc2015-16'.

Trouble using 81010? Try texting **@csc2015-16** to **(484) 334-8487** instead.

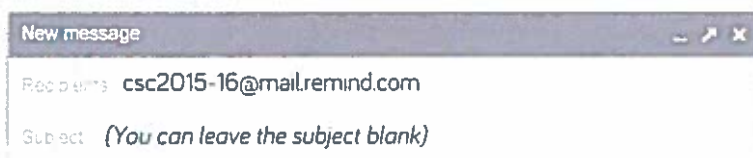


Enter this number

Text this message

\*Standard text message rates apply.

Or to receive messages via email, send an email to **csc2015-16@mail.remind.com**. To unsubscribe, reply with 'unsubscribe' in the subject line.



## WHAT IS REMIND AND WHY IS IT SAFE?

Remind is a free, safe, and simple messaging tool that helps teachers share important updates and reminders with students & parents. Subscribe by text, email or using the Remind app. All personal information is kept private. Teachers will never see your phone number, nor will you see theirs.

Visit [remind.com](http://remind.com) to learn more.



**Chester County Technical College High School  
Resumen De Salud De Estudiante**

Nombre de Estudiante \_\_\_\_\_ Cumpleaños: \_\_\_\_\_ Programa: \_\_\_\_\_

Inicio de la escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Última inyección contra el tetano: \_\_\_\_\_

Dirección: \_\_\_\_\_

Vives con:  ambos padres  Padre  Madre  Apoderado

Nombre de la Madre	Nombre del Padre	Nombre del apoderado
<input type="checkbox"/> Número de teléfono (casa)	<input type="checkbox"/> Número de teléfono (casa)	<input type="checkbox"/> Número de teléfono (casa)
<input type="checkbox"/> Número de teléfono (trabajo)	<input type="checkbox"/> Número de teléfono (trabajo)	<input type="checkbox"/> Número de teléfono (trabajo)
<input type="checkbox"/> Número de su celular	<input type="checkbox"/> Número de su celular	<input type="checkbox"/> Número de su celular

Nombre de un pariente o amigo que se puede llamar en caso de emergencia y si los padres no pueden ser contactados:  
Nombre: \_\_\_\_\_ Numero de teléfono: \_\_\_\_\_

Problemas de salud/ enfermedad crónica: \_\_\_\_\_

Apunte todas las alergias (comida, medicina, insectos) \_\_\_\_\_

Describe el tipo de reacción alérgica de la alergia de arriba:

Indique todos los medicamentos: \_\_\_\_\_

Mi niño/a tiene seguro médico:  Si  No

Compañía de seguro: \_\_\_\_\_ Número de póliza: \_\_\_\_\_

Si, me gustaría recibir mas información sobre CHIP (una reducción del costo de sus primas mensuales a traves del Mercado of Seguros de Salud)

Le doy mi permiso al personal de TCHS para transportar o hacer contactos para la transportación de mi hijo/a para que recibe asistencia medica de emergencia. En el caso de emergencia, si sea posible, por favor lleva mi hijo/hija a \_\_\_\_\_

Doy mi permiso a la enfermera escolar para administrar Tylenol mi niño/a.  Si  No

Doy mi permiso a la enfermera escolar para administrar Benadryl (para las reacciones alérgicas) a mi niño/a.  Si  No

Doy mi permiso para que le sea dado Tums a mi niño/a.  Si  No

La información provisto en este formulario se puede compartir segun la necesidad de conocerla.

Firma de Padres/Apoderado: \_\_\_\_\_ Fecha: \_\_\_\_\_





CHESTER COUNTY

**Technical College**

HIGH SCHOOL

**HOME LANGUAGE SURVEY\***

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

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

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

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English?

(Do not include languages learned in school.)

Yes No

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime?

Yes No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

\*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

