Last:_____ First:_____ Middle:_____ Grade: 9 10 11 12

High School: BHP PHS PVHS WHS Date of Birth:____/____/____ ACTC Teacher(s): _____ Program: _____

Address: _____ Parent/Guardian:_____ Phone:_____ Email Address: _____

Individuals authorized to pick up student other than above, please list on back and include name and contact number.

School Policies

By signing below, (1) you are indicating that this student has permission to use power equipment and hand tools on/off campus (2) you and this student have had an opportunity to read, understand and will abide by all rules and regulations of the Parent/Student Handbook, (3) you, the legal guardian, will be responsible for any medical treatment administered in the case of emergency, (4) you grant permission for ACTC to forward to any prospective employer, business sponsor or post-secondary school information and/or materials regarding the student's academic or employment history, (5) you and this student fully understand the attendance policy. (According to state guidelines, those being denied credit will receive a grade of FA/51 based on excessive absences.) *In excess of 3 unexcused absences in a semester class. *In excess of 6 unexcused absences in a yearly class meeting every other day. **This student has permission to have his/her picture and/or name published in newspaper articles, brochures, on the web page and in other materials used to promote ACTC. ❑ Yes   ❑ No**

Two-Year Commitment-Juniors and PLTW 10th Graders

ACTC is recognized as one of the best in the state because of our excellent facility, outstanding faculty and staff, exceptional leadership, and the remarkable students we serve. Since the inception of Technology Centers in this state, we have been accountable for student success, employment, and completion of our two-year programs. Each year we are evaluated by state standards established to see that we meet this and other criteria.

According to state guidelines, we must have two-year technical programs. The sophomore year is simply an introduction to the program to help determine if the student would like to enroll in the two-year program. The two-year program begins the junior year with completion of the second year during the senior year. Many of our programs have more students register for the junior class than space is available. We select students with the understanding that they will complete the program their senior year. Therefore, when a student enrolls in the junior class, it should be with the understanding that he/she will complete the program their senior year.

The student is expected to return to their senior class if he/she is successful in the junior class. Students may not drop the senior class simply because they want an early release or late arrival their senior year. Of course, if there is a scheduling problem the senior year, we will work with the student on that conflict.

Health and Medical Information

Medical Conditions/Allergies (fire ants, bees, etc.):_____

If I cannot be located in an emergency, I give permission for this student to be given necessary medical treatment.   ❑ Yes   ❑ No

Technology Policy

All ACTC students will have access to the internet on iPads/Tablets, in the computer labs and classrooms. Use of the Internet MUST be in support of education and research, and should be consistent with the educational objectives of ACTC. Students who violate the terms of ACTC's guidelines will be subject to disciplinary action. Violations of the laws of the United States or the State of South Carolina may be subject to criminal prosecution. By signing you have read and understand ACTC's technology guideline which is located in the handbook and on the website.

By signing below, you indicate that you have read and understand our School Policies,

Two-Year Commitment, Health and Medical Information, and Technology Policy.

Parent/Guardian signature:_____ **Student signature:**_____

Permission to Drive/Ride between ACTC and the High School-Juniors and Seniors Only

*Please check the following codes granting this student permission to travel between ACTC and his/her high school in a personal vehicle. He/she MUST have completed the **Alive @ 25 course** to receive a driver permit. All permits are $5. If monies are owed to the school, the students driving/riding privileges may be revoked. **Every student MUST have a current permit on their person when driving or riding to ACTC.** By signing below, you indicate that you understand the student driving/riding policy, will assist in enforcing the policy and grant permission for this student to travel in a private vehicle between ACTC and the high school.*

       ❑ Completed Alive @ 25 Course _____   **❑ DRT-Drive, Ride and Transport**   **❑ R-Riding with others, but not driving**

Vehicle: Make :_____ Model: :_____ Color: _____ License Plate: _____

Parent/Guardian signature:_____   **Student signature:**_____