**TELP Enrollment Form for Magnet High School Students**

**Student Number:**

**Student Name:**

**Enrollment Term:**

2022-2023 School Year

TELP Enrollment Criteria:

For a student to be eligible to enroll in the TELP Program he/she must be:

1. Currently enrolled in a magnet high school program as assigned by the magnet attendance zone.
2. Adherent to all district policies as outlined in the student handbook.
3. Adherent to TELP policies and procedures (ie: attendance, sign in/sign out, etc.)

**Main Office Only**

Parent/Guardian Signature

Main Office Signature Date

**By signing below I acknowledge the above terms and agree that my child will be accepted into the**

**TELP Program.**

**Parent/Guardian Name (Printed)**

**Parent/Guardian Signature**

**Date**

**Student Last Name:**

**Student First Name:**

**Date of Birth:**

**Address: City: State:**

**Zip Code:**

**Current Magnet Program: Grade:**

**Emergency Contacts**

**First Name: Phone Last Name:** Home: **Middle Initial:** Work: **Address:** Cell/Other: **City:** Email: **State: Zip:**

**Employer:**

**Relationship:**

**Can Pick Up? Lives With: Parent/Guardian:**

**First Name: Phone Last Name:** Home: **Middle Initial:** Work: **Address:** Cell/Other: **City:** Email: **State: Zip:**

**Employer:**

**Relationship:**

**Can Pick Up? Lives With: Parent/Guardian:**

**First Name: Phone Last Name:** Home: **Middle Initial:** Work: **Address:** Cell/Other: **City:** Email: **State: Zip:**

**Employer:**

**Relationship:**

**Can Pick Up? Lives With: Parent/Guardian:**

**First Name: Phone Last Name:** Home: **Middle Initial:** Work: **Address:** Cell/Other: **City:** Email: **State: Zip:**

**Employer:**

**Relationship:** HOST Contact

**Can Pick Up? Lives With: Parent/Guardian:**

Note: In order to maintain student safety and security it is imperative that all Parent/Guardian contact information be current, accurate and updated, if necessary. Only the people listed above will have permission to pick up your child. Your child will **NOT** be released to anyone not on this list.

**Emergency Info**

The well-being of your child is very important. Frequently, when children become seriously ill or injured, we find it difficult to locate the parents/guardians or the family physician for immediate action. We request your cooperation in completing this report.

**IMPORTANT! *The following information about your child will help us in the event of an emergency. If your child has one or more serious conditions, select 'Yes' and comment:***

**Asthma/Breathing Problem Heart Condition** Comments: Comments: **Seizures Diabetes** Comments: Comments: **Dietary Needs/Concerns**

Comments:

**Allergies (food, plant, medication, animal- please specify)**

Comments:

**Other Allergies (list) Other Diseases (list)**

Comments: Comments:

**Other Concerns:**

Comments:

**Does your child need any special assistance or accommodations due to his/her health problems?**

Comments:

**If any of the above are checked, is an emergency plan necessary?**

Comments:

**My child has a diagnosed hearing impairment**

Comments:

**My child wears glasses or contact lenses.**

Comments:

**My child wears a hearing aid.**

Comments:

**My child requires a prescription drug to be administered during the time period while attending any of the facilities. If yes, a prescription authorization must be on file with the facility that is administering the prescription drug. The facility must keep medication in secure location and keep a log of when medication was dispensed (day, time, person giving out medication).**

Comments:

**Physician's Name:**

**Physician's Phone Number:**

**Dentist’s Name:**

**Dentist’s Phone Number**:

**Medical Alert**

If my child should become ill or injured, I understand the facility will:

**(1)** Contact me immediately and **(2)** contact the person(s) I have designated, if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician

and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical necessary to ensure the health and safety of my child.

I understand that it will be my responsibility to pay for the necessary medical services rendered.

**Preferred Hospital:**

**Nutritional Agreement**

I hereby consent to allow the program to assume the responsibility of providing the nutritional needs for my child during that time

period he/she is in the program.

**Photo Consent**

I hereby grant permission to the program staff and the Hillsborough School District to create copy, reproduce, exhibit, publish or distribute a photograph of my child.

**Terms and Agreement**

The following information is standard for all Magnet High School TELP programs. Please check off each item to confirm that you have read and understand each item.

**DAYS:** Second Day of school through May 21 of the 2020-2021 school year (**or the last school day before exams**).

**PROGRAM BEGINNING AND CLOSING TIME:** TELPis only provided on student days as noted on the Hillsborough Academic Student Calendar, with exceptions for exam days. TELP begins at student dismissal time and ends at 6:00 pm.

**DISCIPLINE:** All students are expected to adhere to the school's discipline rules and the TELP rules posted at the site. Parents will be notified in writing of recurring discipline problems. If the problems cannot be resolved, the student will be withdrawn from the TELP program indefinitely. The Principal reserves the right to exclude any student for chronic behavior and discipline problems.

**ACTIVITY RELEASE:** We and/or employees associated with the TELP program will not be responsible for personal items brought from home such as: electronic equipment, cell phones, computer games, radios, and CD players.

**LATE PICKUP:** Students not picked up by 6:00 pm may face dismissal from the TELP program.

**CIVILITY:** In order to provide a safe, caring and orderly environment, we expect Civility from all who engage in school activities. Mutual respect, professionalism and common courtesy are essential qualities that ALL need to demonstrate in promoting an educational environment free from disruptions, harassments, bullying and aggressive actions.

**REGISTRATION/ENROLLMENT:** All students who attend TELP must be pre-registered and approved at the TELP site prior to attending.

**I have completed and understand the contents of the registration packet**

Parent/Guardian Name (Print) Parent/Guardian Signature Date

|  |  |  |
| --- | --- | --- |
| **I have reviewed the pac**  **I also acknowledge that I co** | FOR OFFICE USE ONLY:  **ket and it was completed by the parent /guardian listed**  **nfirmed with the front office at the school that information is on file.**  Instructor Signature | **above.**  **this student's** |
| Instructor Name Print | Date |