

TELP Enrollment Form for Magnet High School Students

Enrollment Term: 2022-23

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.)

Student Last Name:		Student First Name:	
Student Number:	Current Magnet Program:	Date of Birth:	Grade:
Address:		City:	State and Zip Code:

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

Main Office Only	
_____	_____
Main Office Signature	Date

Emergency Contacts

First Name	Last Name	Middle initial	Can Pick Up? <i>Circle one</i> Yes No
Address		City	State/Zipcode
Home Phone	Work Phone	Cell Phone	
Employer	Email	Relationship to student	

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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 Information

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:

Condition	Yes	No	Comments
Asthma/Breathing Problem			
Heart Condition			
Seizures			
Diabetes			
Allergies			<i>Please specify:</i>
Dietary Needs/Concerns			
Diagnosed Hearing Impairment			
Hearing Aid			
Glasses or contact lenses			
Other diseases/concerns			
Does your child need any special assistance or accommodations due to his/her health concerns?			<i>Please specify:</i>

If any of the above are checked "yes": is an emergency plan necessary? Please specify:

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).

Medication and Dosage	
Physician's Name	Physician's Contact Number
Dentist's Name	Dentist's Contact Number

