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:	
Parent/Guardian Na	me (Printed) Pa	rent/Guardian Signatuı	re Date	
	Mair	n Office Only		
	Main Office Signature	Date		

Emergency Contacts

First Name	Last Name	Middle initial	Can Pick Up? Circle one	
			Yes No	
Address	1	City	State/Zipcode	
Home Phone	Work Phone	Cell Phone		
Employer	Email	Relationship to student		
Zpioyei		Relationship to student		
First Name	Last Name	Middle initial	Can Pick Up? Circle one	
Address		City	Yes No State/Zipcode	
Address		City	State/Zipcode	
81	Tur i pi	0 11 51		
Home Phone	Work Phone	Cell Phone		
Employer	Email	Relationship to	student	
			1	
First Name	Last Name	Middle initial	Can Pick Up? Circle one	
			Yes No	
Address		City	State/Zipcode	
Home Phone	Work Phone	Cell Phone	I.	
Employer	Email	Relationship to student		
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First Name	Last Name	Middle initial	Can Pick Up? Circle one	
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Address	<u> </u>	City	Yes No State/Zipcode	
Home Phone	Work Phone	Cell Phone		
Home Phone	Work Priorie	Cell Phone		
Employer	Email	Relationship to	student	

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		110		
Astima, breating 1100.5				
Heart Condition				
Seizures				
Diabetes				
Allergies			Please specify:	
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?			Please specify:	
				cy plan necessary? Please specify:
the facilities. If yes, a pres	criptic	on aut ust ke	thorization mus ep medication i	red during the time period while attending any of the transfer to be on file with the facility that is administering the n secure location and keep a log of when medication on).
Medication and Dosage				
Physician's Name				Physician's Contact Number
Dentist's Name				Dentist's Contact Number

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

Preferred Hospital:

(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.

Terms and Agreement						
The following information is standard for all Magnet you have read and understood each item.	High School TELP programs. Please	check off each item to confirm that				
I hereby consent to allow the program to assume that time period he/she is in the program.	the responsibility of providing the nut	tritional needs for my child during				
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.						
DAYS: Second Day of school through May 27 of th	ne 2022-2023 school year (or the las	st school day before exams).				
PROGRAM BEGINNING AND CLOSING TIME: T Academic Student Calendar, with exceptions for pm.						
DISCIPLINE: All students are expected to adhere Parents will be notified in writing of recurring disci withdrawn from the TELP program indefinitely. The and discipline problems.	pline problems. If the problems canno	ot be resolved, the student will be				
ACTIVITY RELEASE: We and/or employees associtems brought from home such as: electronic equi	pment, cell phones, computer games	s, radios, and CD players.				
LATE PICKUP: Students not picked up by 6:00 p	m may face dismissal from the TELP	program.				
CIVILITY: In order to provide a safe, caring and activities. Mutual respect, professionalism and compromoting an educational environment free from d	nmon courtesy are essential qualities	that ALL need to demonstrate in				
REGISTRATION/ENROLLMENT: All students whe site prior to attending.	no attend TELP must be pre-register	red and approved at the TELP				
I have completed and understand the	contents of the registratio	on packet				
Parent/Guardian Name (Print)	Parent/Guardian Signatur	re Date				
FOR OFFICE USE ONLY:						
I have reviewed the packet and it was completed by the office at the school that this student's information is or		nowledge that I confirmed with the front				
Instructors Name (Print)	Instructor's Signature	Date				