



Clean Technologies & Sustainable Industries Early College High School Program

Spring 2023

Dear Parent/Guardian of ECHS Student,

We are fortunate that our students have many opportunities made available through our program. Please complete the enclosed forms. They can be scanned and emailed to me at, asnow@bscsd.org, or your child can turn them in to me at the May visit. We have supplied a checklist to assist you with tracking the permission slips. Driving forms will be given to students on the first day of classes in 2023-2024, but if needed can be accessed through our website. Students will return those forms to me after receiving their principal's signature on them in September. Please contact me with any questions.

Sincerely,

Adrienne Snow

ECHS Program Coordinator

11th & 12th Grade Form Checklist:

- ☐ Chromebook Permission Slip
- ☐ Social Media
- ☐ Universal Permission Form
- ☐ Medication Carry Form (If Applicable)
- ☐ Emergency Card
- ☐ Information Update for Program Staff
- ☐ HVCC Immunization Proof: All immunization forms submitted to College Health Services must have an original signature or stamp. Photocopied signatures and stamps are not accepted. Also, all immunization information should be sent to Health Service at least one month prior to registration. The address is: College Health Services, Hudson Valley Community College, Siek Campus Center, Suite 270, 80 Vandenburg Avenue, Troy, NY 12180. <https://www.hvcc.edu/healthservices/immunization.html>



Clean Technologies & Sustainable Industries Early College High School Program

Chromebook Use Policy

As a student participating in the Clean Technologies & Sustainable Industries Early College High School Program, I _____ agree to the following term, conditions, and policies regarding the provided chromebook as outlined and identified below for the 2023-2024 school year. **Students are ONLY allowed to use their BSCSD chromebook or a device issued by their home school.**

1. The student has been given permission from his or her parent or guardian to be provided a chromebook and the parent/guardian signifies awareness of the terms of this agreement by printing his or her name and signing in the spaces below.
2. The student is aware that he or she is solely responsible for the safe, responsible use and return of the stated equipment. Deviation from the intended use of the laptop will result in disciplinary action. All aspects of the Ballston Spa Central School District Responsible Use Policy and Code of Conduct apply.
3. In the event the chromebook is damaged, lost, stolen, not returned, or is rendered inoperable due to mistreatment, or irresponsible use, above and beyond that of the normal wear and tear, the student will then be responsible for the full replacement value of the laptop and shall reimburse the school district within 30 days.
4. This agreement shall remain on file for the 2023-2024 school year.

Printed Parent/Guardian Name

Signature of Parent/Guardian

Date

Printed name of Student

Signature of Student

Date

These forms may be scanned and emailed to asnow@bscsd.org or mailed to Adrienne Snow at 220 Ballston Avenue, Ballston Spa, NY 12020.



Clean Technologies & Sustainable Industries Early College High School Program

SOCIAL MEDIA FORM

Students in the Clean Technologies & Sustainable Industries Early College High School will have increased opportunities to connect with business partners, staff, and classmates in a professional setting. LinkedIn, Google platform, SnapChat, and Twitter are social media tools used in the business and professional environment. LinkedIn is a tool for students to connect with business and industry. Google allows students to collaborate on documents. Twitter is an online forum where people can post information, “like” what people post, or share what people have posted. One example is the Twitter account for our program @CleanTechEHS. Students will be given the opportunity to create a LinkedIn profile as part of their experience in the program. Some of the HVCC college professors will also ask students to create a LinkedIn account as part of their course.

By signing the form below, you indicate that you understand the creation and use of the LinkedIn account, Twitter, and Google and agree to follow the established expectations. **This form will stay on file until the student’s graduation from the program. If the parent/guardian wishes to rescind this permission, they must do so in writing to ECHS Program Coordinator.**

- The goal is for students to understand and appropriately use social media for assignments.
- Students are expected to follow BSCSD’s Responsible Use Policy.
- Students are expected to conduct themselves in a professional and respectable manner.
- Students will use social media to connect with business and industry representatives to help them learn about career opportunities and develop workplace skills.
- Students will be interacting with adults in a professional environment.
- Students could be sharing personal information, depending on what they enter in their personal profile. This can be comparable to a Facebook account. Students have to accept a connection through LinkedIn before someone can see their profile.
- Communications on LinkedIn, Google, SnapChat, and Twitter will **not** be monitored by ECHS staff.
- Students will be using their HVCC email account for the social media tools.

Student Name: _____

Student Signature: _____ Date: _____

Parent Name Printed: _____

Parent Signature: _____ Date: _____

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Clean Technologies & Sustainable Industries Early College High School Program

Dear Parents/Guardians:

As part of the Early College High School Program students are provided with educational opportunities in the form of field trips. Students will take field trips throughout the program, some of these opportunities arriving with a few days notice. Students will participate in the trip during the high school portion of their class time at the TEC-SMART facility. In an effort to streamline the process of approval, we are asking that parents sign this universal permission slip to cover **ALL** field trips. We will update the ECHS website, found at <https://www.bscsd.org/Page/11993> with the specific field trip dates, locations, and times for you to reference. If you would like an individual permission slip for each field trip, please indicate that below.

DRESS CODE: The dress code for all trips are: no shorts, no open toe shoes, and recommend comfortable shoes.

If you have any questions please don't hesitate to contact me at asnow@bscsd.org. We can also be reached at 518-629-4981 or 518-884-7150 ext. 2662.

Thank you,

Adrienne Snow
ECHS Program Coordinator

- ☐ I give my child permission to attend **ALL** ECHS field trips. I understand that field trips will be listed on the ECHS website as they become available.
- ☐ I elect to have individual permission slips sent home for each field trip my child is invited to attend.

Student Name (Please print)	Parent or Guardian (signed)	Date
Home Phone _____	Work Phone _____	Cell _____
Please check below IF your child has sensitivity to:		
<input type="checkbox"/> Bee Sting <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Latex <input type="checkbox"/> Other _____		
Required medications: _____		
Please check below IF your child has:		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney Injuries <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Heart Condition <input type="checkbox"/> Other Medical Condition		
Required medications: _____		
Other medications: _____		

If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on file. *(If ordered by the student's physician, an epipen must be provided for all field trips).*



Clean Technologies & Sustainable Industries Early College High School Program

BALLSTON SPA CENTRAL SCHOOL DISTRICT Administration of Medication in School and School Activities Parent and Healthcare Provider's Authorization

A. To be completed by the Parent or Guardian:

I request that my child _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy. The school nurse may contact the prescriber as needed.

Signature (Parent or Guardian): _____

Telephone: Home _____ Work _____ Cell _____ Date _____

B. To be completed by the Private Healthcare Provider:

I request that my patient, as listed below, receive the following medication:

Name of Student _____ DOB _____

Diagnosis: _____ ****ICD-10:** _____

Health Care Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that he/she can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies only to the emergency medications checked below:

MEDICATION	SELF-CARRY	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMIN.

Healthcare Provider's Printed Name with title: _____

Signature _____ **Date (Full)** _____

License #: _____ **NPI #:** _____ **Phone** _____

Complete Address: _____

* Medication must be in original pharmacy labeled container with specific orders and name of medication.

This medication order is valid for July 1, 2023- June 30, 2024.



Clean Technologies & Sustainable Industries Early College High School Program

BALLSTON SPA CSD STUDENT EMERGENCY CARD

(for Office use only)

Student Information:

Last Name _____ First Name _____ Grade _____

Home Phone _____ Date of Birth _____

Street _____ City _____ State _____ Zip Code _____

Who does the child live with? _____ Who should be called first? _____

Mother/Guardian's Name _____

Home Phone _____

Address _____

Cell Phone _____

Work Phone _____

Which is the best # to reach you at? Home Cell Work

Father/Guardian's Name _____

Home Phone _____

Address _____

Cell Phone _____

Work Phone _____

What is the best number to reach you: Home Cell Work

Doctor _____

Phone _____

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

First choice:

Second choice:

<u>Name:</u>	<u>Name:</u>
<u>Address:</u>	<u>Address:</u>
<u>Phone(H):</u>	<u>Phone(H):</u>
<u>Phone(W):</u>	<u>Phone(W):</u>
<u>Phone(C):</u>	<u>Phone(C):</u>
<u>Relationship:</u>	<u>Relationship:</u>

Health Information: List any health conditions, such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or chronic conditions, etc:

**Parent Signature _____ Date _____



Clean Technologies & Sustainable Industries Early College High School Program

Information Update Form (Please Print)

Student Name: _____

School District: _____

School Counselor Name: _____

Please complete information italicized in this section only if there has been a change since entering the program in 9th grade.

Home Address: _____

Home Phone: _____ *Cell Phone:* _____

Parent/Guardian's Email: _____ *Emergency Contact #:* _____

Parent/Guardian's Email: _____ *Emergency Contact #:* _____

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