



# Georgia High School High Tech Student Enrollment Form

HS/HT School Name \_\_\_\_\_ County: \_\_\_\_\_

**For Student Use: Please print**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Classification:**

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race: (Check all that apply) \_\_\_\_\_ Black/African American \_\_\_\_\_ White  
\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Other: Specify \_\_\_\_\_

Ethnic Heritage: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

**Disability:**

\_\_\_\_\_ Autism \_\_\_\_\_ Other Health Impairments \_\_\_\_\_ Traumatic Brain Injury  
\_\_\_\_\_ Asperger's \_\_\_\_\_ Orthopedic Impairments \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Deaf/Hearing Impaired \_\_\_\_\_ Speech Language Impairment  
\_\_\_\_\_ Mobility \_\_\_\_\_ Specific Learning Disability  
\_\_\_\_\_ Visual Impairment \_\_\_\_\_ Spinal Cord Injury

**Education:**

Which grade are you in school?  (9<sup>th</sup>) Freshman,  (10<sup>th</sup>) Sophomore,  (11<sup>th</sup>) Junior,  (12<sup>th</sup>) Senior

What date did you enter this school: \_\_\_\_\_ (month/year)

Do you have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No Do you have a 504 Work Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PERMISSION TO PARTICIPATE:**

I hereby give permission for this student to participate in Georgia High School/High Tech activities. We/I further agree and do by the execution of this agreement, release and discharge the Georgia Committee on Employment of People with Disabilities, Inc. the Board of Education, the Georgia Vocational Rehabilitation Agency, and their respective members, directors, agents, servants, employees, volunteers, successors and assigns, and those individuals participating in this activity, from all claims for damage on account of injuries, including but not limited to illness, paralysis, death, damages, economic or emotional loss, which may be sustained by said student during said activity, however caused. We will indemnify and hold harmless the Georgia Committee on Employment of People with Disabilities, Inc., and all parties named herein above against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by the student or anyone on the student's behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by the student or by anyone acting on the student's behalf.

**MEDIA CONSENT:** We/I hereby give permission to the Georgia Committee on Employment of People with Disabilities, Inc., to use the above named student's likeness, name, voice, or words in television, radio, film newspaper, magazines, and other media in any form for communicating and promoting the purposes and activities of Georgia High School High Tech.

I have chosen to participate in all program activities of the High School High Tech Program, including field trips.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby approve of this student's participation in all program activities of HSHT, including field trips, and will not hold HSHT, or any persons connected with the activities, liable in case of an accident.

**Parent (Guardian) Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent (Guardian) Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**\*\* Signatures are required for the student to participate in the High School High Tech Program.**

**For Internal Use Only:**

Vocational Rehabilitation Counselor: \_\_\_\_\_

HSHT Coordinator: \_\_\_\_\_