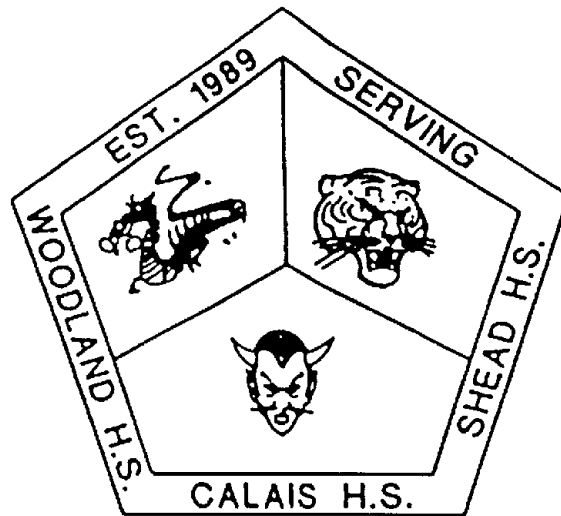


St. Croix Regional Technical Center



STUDENT ENROLLMENT FORMS

Phone: 454-2581

Fax: 454-2597

E-mail: stcroixtech@yahoo.com

Website: www.stcroixtech.org

UPDATED 6-16-10

St. Croix Regional Technical Center
34 Blue Devil Hill, Suite 1
Calais, ME 04619
(207) 454-2581

FIELD TRIP PERMIT

_____ has my approval and permission to attend all field trips related to the _____ program. My child is covered by insurance at home _____ school _____. This permission is good for the whole school year.

Parent/Guardian Signature

Date

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STUDENT SHOP SAFETY AGREEMENT

I, _____, am enrolled in the _____
Program and will, as part of my shop experience, operate machines, providing that my parent gives
written permission.

It is understood that each student will be given proper instructions, both in the use of the
equipment and incorrect safety procedures concerning it, before being allowed to operate it
himself. The student must assume responsibility for following safe practices, and we therefore ask
that he subscribe to the following safety pledge.

1. I promise to follow all safety rules for the shop.
2. I promise to never use a machine without first having permission from the instructor.
3. I will not ask permission to use a particular machine unless I have been instructed in its
use and have made 100% on the safety test for that machine.
4. I will report any accident or injury to the instructor immediately.

Student's Signature: _____ Date: _____

PERMISSION TO OPERATE MACHINES

I hereby give my consent to allow my child to operate all machines and equipment necessary in
carrying out the requirements of the course in which he/she is enrolled.

In order to make sure that your child has sufficient insurance coverage for any mishaps that could
happen while in one of these programs, we would like to know whether or not your child is covered
by medical insurance, either your own or the school insurance. One or the other is necessary for
enrollment in a program.

INSURANCE COMPANY: _____

Contract or Policy #: _____

Parent's Signature: _____ Date: _____

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EMERGENCY MEDICAL TREATMENT PERMISSION

Student Name: _____

Home Address: _____

Home Phone: _____

Parent/Guardian: _____

I hereby give my permission for whatever emergency medical treatment is
necessary for _____ during the whole school year.

Parent/Guardian Signature

Date