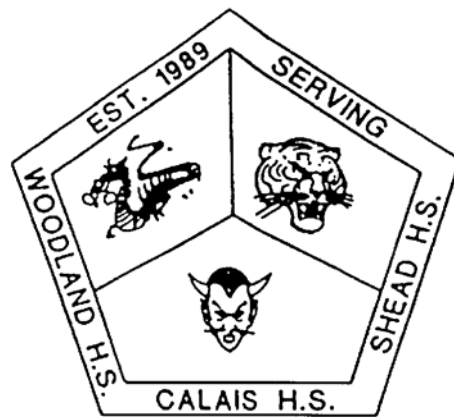


St. Croix Regional Technical Center



STUDENT
ENROLLMENT
FORMS

St. Croix Regional Technical Center

**Robert Moholland
Director**

Enrollment Registration

PROGRAM: _____ **HIGH SCHOOL ATTENDING** _____

Student Name: _____ **Race:** _____ **Date:** _____ **Grade:** _____

Mailing Address: _____ **Home Phone:** _____

_____ **Cell Phone:** _____

Date of Birth: _____ **Place of Birth:** _____ **Social Security #:** _____

Father/Stepfather: _____ **Occupation:** _____

Place of Employment: _____ **Work Phone:** _____

Mother/Stepmother: _____ **Occupation:** _____

Place of Employment: _____ **Work Phone:** _____

Guardian: _____ **Occupation:** _____

Place of Employment: _____ **Work Phone:** _____

Family Doctor: _____ **Phone:** _____

Any significant medical problems that would prohibit participation in class?

If yes, please explain: _____

In Case of Emergency Contact: _____ **Phone:** _____

Student resides with: Both Parents: _____ **Mother:** _____ **(Step):** _____

Father: _____ **(Step):** _____ **Guardian:** _____

St. Croix Regional Technical Center
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(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 #: _____

Date: _____ Parent's Signature: _____

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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