

# Request for Consideration OSTC 2017-18



(Please print clearly and indicate zero as 0.)

## Student Information

Legal Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
High School \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Current Grade:  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> Select your campus (select one):  ONE (Pontiac)  NW (Clarkston)  SE (Royal Oak)  SW (Wixom)

## Program Choices

1<sup>st</sup> Program Choice \_\_\_\_\_  OAM  OPM  
2<sup>nd</sup> Program Choice \_\_\_\_\_  OAM  OPM

Agriculture and Environmental Technologies (available at NW, SW)	Cosmetology (regional program offered at NE)	Mechatronics
Automotive Technology	Culinary Arts/Hospitality	Medium/Heavy Truck and Equipment (available at SW)
Collision Repair and Refinishing	Electrical and Energy Technologies (available at NW, SE)	Visual Imaging (available at NW, SE, SW)
Computer Programming	Entrepreneurship & Advanced Marketing	Welding (available at NE, SE, SW)
Computer Networking	Health Sciences	Web Development
Construction Technology (available at NE, NW, SE)	Machining	

Are you interested in an apprenticeship?  Yes  No      Are you interested in early college?  Yes  No  
**Are you on track to graduate?**  Yes  No

My program of study aligns with my educational development plan (EDP) from Career Cruising:  Yes  No  
I visited the campus for:  Showcase  Career Night  Summer Camp  Tour/Visitor Session

\_\_\_\_\_  
**Student's Signature**

*Oakland Schools does not discriminate on the basis of sex, race, color, national origin, religion, height, weight, marital status, sexual orientation (subject to the limits of applicable law), age, genetic information, or disability in its programs, services, activities or employment opportunities. Inquiries related to discrimination should be directed to the Director or Human Resources at 248.209.2059, contact the Director of Legal Affairs at 248.209.2062, 2111 Pontiac Lake Road, Waterford, MI 48328-2736.*

# 2017-18 Student Data and Emergency Information

## INFORMATION TO BE FILLED OUT BY PARENT/LEGAL GUARDIAN



Student's Legal Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_

My Primary Language is:  English  Spanish  Arabic  Other (please list) \_\_\_\_\_

### Parent/Legal Guardian (adult person living with student):

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Email \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Email \_\_\_\_\_

Are there Legal Custody Restrictions?  YES  NO If yes, please submit documentation

### Alternate Contact (not living with student):

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Medical Information:

Does the student have any current medical conditions or restrictions?  YES  NO If yes, please explain \_\_\_\_\_  
Please list medications taken regularly: \_\_\_\_\_

In case of an emergency, OSTC is authorized to take immediate action necessary for the preservation of the student's health.

### As a parent/guardian/student:

- I give permission for my child to be recorded through audio/visual imaging (photographic, video, and/or audio recordings) for the purpose of school use in public relations displays, news releases, newsletter articles, and/or OS/OSTC websites to acknowledge awards and/or achievements.
  - I approve the above request and give my consent to the technical cluster selection.
  - If my child needs academic additional credit, I give my permission.
- I have read, understand and agree to all of the above:  YES  NO, explain \_\_\_\_\_

Signature of Parent/Legal Guardian or Adult Student \_\_\_\_\_ DATE \_\_\_\_\_

Student Signature \_\_\_\_\_ DATE \_\_\_\_\_

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