

**Parent Contact Information- 2013-14**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_

**Address(s)** \_\_\_\_\_

**Contact Information**

**Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Work** \_\_\_\_\_

**Email** \_\_\_\_\_

## Parent-Faculty Organization

As parents and guardians of students attending a Technical High School, you are invited to be a member of this organization. The purpose of this organization is to encourage a closer association among parents, their sons/daughters and teachers by providing social activities and supporting worthwhile school projects. At the same time, the Parent-Faculty Organization (PFO) endeavors to gain community and state support for technical education.

Scholarships are awarded by the PFO. Preference will be given to students who have parents/guardians who are members of the PFO. Parents and guardians are urged to show their support for the educational process by joining the Parent-Faculty Organization.

To join, fill out the form below, **enclose the \$10.00 annual dues per family**, and have your child return it in a sealed envelope to the Parent-Faculty Organization mailbox in the Main Office.

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### *2013-14 Parent-Faculty Organization*

Student Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

***Acknowledgements/Agreements***

***Request by non-custodial parent***

Either parent or legal guardian of a minor student shall, upon written request to a local or regional board of education and within a reasonable time, be entitled to knowledge of and access to all educational, medical, or similar records maintained in such student's cumulative record, except that no parent or legal guardian shall be entitled to information considered privileged.

The parent or legal guardian with whom the student does not primarily reside shall be provided with all school notices that are provided to the parent or legal guardian with whom the student primarily resides. Such notices shall be mailed to the parent or legal guardian requesting them at the same time they are provided to the parent or legal guardian with whom the child primarily resides. Such requests shall be effective for as long as the child remains in the school the child is attending at the time of the request.

***Discipline Policy and Substance Abuse Policy***

I understand the responsibilities outlined in the Discipline Policy and Substance Abuse policy. I also understand that should my child violate either policy he/she shall be subject to disciplinary action, up to or including expulsion from school and/or referral to law enforcement officials, for violation of the law.

***Education Records***

Regarding education records, I understand that certain personally identifiable information about my child is considered directory information and does not require a signed release for disclosure. I understand that unless I deny the release of any or all of this information within 10 school days of the date this student handbook was issued to my child, directory information may be released. I also understand that as a parent/guardian I have a right to inspect and review all student records of my child.

***Electronic Information and Resources Policy***

I acknowledge and agree to abide by the Electronic Information Resources Policy of the Connecticut Technical High School System.

***Health and Safety Policies***

I acknowledge that I have read the Health and Safety section of this handbook.

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***I acknowledge that I have reviewed this CTHSS 2013-14 Student/Parent Handbook***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**Opt Out Provisions**

Please sign below **ONLY IF** you **DO NOT** grant permission:

**Release of Directory Information**

I **do not grant permission** for the release of directory information to the military without my prior consent.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature	Date

**Sexual Health Education- 2013-14**

Your child will be receiving lessons in **Sexual Health Education** as part of our comprehensive health curriculum. This unit will be taught during your child’s class in Health. The CTHSS health education curriculum and **semester** pacing guides may be found at <http://www.cttech.org/central/curriculum/draft-powered-curriculum/academics/health-education/index.html> for your review.

You have the right to opt your child out of instruction in this unit. If you choose to opt your child out of this instruction, please sign the acknowledgement below.

**Please note:** any child opted out of **Sexual Health Education instruction** will be given an alternative assignment of the same duration to receive appropriate credit toward their graduation requirement in health education.

I **do not grant permission** for my child to participate in **Sexual Health Education** and HIV/AIDS instruction.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature	Date

**Please note: Permission to use photographic or video images of your child will be requested separately and you will have the option to refuse permission at that time.**