




# LAWRENCE COUNTY CAREER AND TECHNICAL CENTER

750 Phelps Way, New Castle, PA 16101-5099 724-658-3583 Fax 724-658-4753 www.lcctceagles.com

## WELCOME PACKET FORM RETURN CHECKLIST

Please complete ALL NUMBERED forms and return to Mrs. Graziani in the Front Office ASAP! If you do NOT **(BY SEPT. 8, 2023)**, your son/daughter will NOT be permitted to participate in any shop activities!

**\*\*NOTE:** Please keep in mind while filling out Emergency forms, that students may ONLY be released to individuals indicated on Form 8! We CANNOT release students, (regardless of their age), to anyone without parent/guardian permission. Thank you for your cooperation! We look forward to a GREAT year!

FORM DESCRIPTION	FORM #	CHECK-OFF BOX
Student/Parent Handbook Sign-Off Sheet, Media Coverage, Technology Usage	1	
Registration Statement	2	
Vocational Off Site Work / Safety Glasses	3	
Release of Student Information	4	
PIMS Student Information	5	
PDE Occupational Objectives Sheet	6	
School Lunch Form	7	
Health Office Emergency Consent Form (PINK)	8	
SAP Parental/Guardian Permission Form	9	
Change of Information Sheet ( <b>ONLY complete if you are moving</b> )	10	

\*All student drivers must complete a PARKING PERMIT form available on the LCCTC website. A completed form, a parent/guardian signature and a copy of the student driver's license is required to obtain a parking permit. All student vehicles parked on school property must have a visible permit **BY September 8, 2023**. Thank You!



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June 20, 2023

To the LCCTC Family:

As the 2023-2024 school year rapidly approaches, we are eagerly anticipating a new year of experiences and opportunities. We hope to build on the success of last year. Coming out of the pandemic, our community responded and we returned to levels of achievement similar to those prior to COVID-19 limitations.

We look to our seniors to lead and set the tone for the culture of our building. The senior year represents the apex of a 13 year journey. Throughout the course of your lives you have been part of “graduations” that were little more than grade level promotions. You are working now towards commencement. Your graduation from LCCTC, recognized by the Commonwealth of Pennsylvania, sets the experience apart from anything you may have previously done.

We look to our juniors to step up their game. You are no longer newbies. You have a degree of expertise. You know the rhythms and more importantly the expectations here at LCCTC.

We look to our sophomores to impress. Get off to a good start. Put your best foot forward. We do not expect perfection, but we expect your best each and every day.

To our instructional staff and all employees, we will continue to service our students beyond their academics and vocational interests. We will continue to develop the whole person. We will continue to develop quality citizens with the skills needed to compete in the 21<sup>st</sup> century. In short we will continue to RISE!

Our first two in-service days are August 21st and 22nd. The agendas will be shared to the instructional staff through Google docs prior to your arrival.

New student orientation will be on the morning of the 22nd with a picnic to follow. A schedule will be mailed to all new students and their families

Please contact us with any questions or concerns. See you soon!

Yours in education,

*Leonard A. Rich*

Leonard A. Rich  
Administrative Director





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August 2023

Dear Families of Lawrence County CTC:

It is with great pleasure that I welcome you and your child to the 2023-2024 school year at the **Lawrence County Career & Technical Center**. I hope that your summer has you feeling refreshed and ready to start a new school year. How quickly summer ends though, and our thoughts begin to focus on the start of another great school year!

Our first event of the new school year will be a **New Student and Family Orientation** on **Tuesday, August 22 at 9:00 a.m.** The intent of this **Orientation** is to allow students accompanied by parents or guardians, to follow their class schedule, find their classrooms and meet teachers, aides, guidance counselor, school nurse, secretarial, custodial staff and administration. We hope that this short visit will help our new students feel more comfortable on the first day of school.

The **first student day** will be **Wednesday, August 23rd**. The school day begins at **8:05 a.m.** and runs until **2:40 p.m.** All students are expected to be in class on time at **8:10 a.m.** Teachers will be in the hallways to help too!

I would also like to invite all students, parents and guardians to **Open House**, which is **Thursday, October 26<sup>th</sup> from 6:00 p.m. to 8:00 p.m.** You will have the opportunity to visit your child's different classrooms and shops, begin to form a relationship with their teachers and learn about the curriculum, innovative technology and classroom procedures.

Something continuing this school year is our School Wide Positive Behavior Support Program! We believe all students should strive to do their best, should want the best education possible and should listen to their teachers! We know that students need help for all of this to happen...that is why this initiative started.

We have four simple rules:

1. Be Here.
2. Be Ready.
3. Be Respectful.
4. Be Safe.

For every situation at LCCTC, there is a procedure. The students will be taught each procedure through the School Wide Positive Behavior Support Team.

Parent involvement is an essential role in the school community, and together, we embark upon this journey through Lawrence County CTC. Please contact me if you have any questions or concerns now and throughout the school year.

I look forward to working with you and your child as we work toward another exciting, successful school year!

Sincerely,

Diana M. Caiazza, Principal  
Lawrence County Career and Technical Center  
[dcaiazza@lcvt.tec.pa.us](mailto:dcaiazza@lcvt.tec.pa.us)

**We are RISING!**

*"The Lawrence County Career and Technical Center is an Equal Opportunity Employer"*



**LAWRENCE COUNTY CAREER & TECHNICAL CENTER  
2023-2024 SCHOOL CALENDAR**

**AUGUST - 2023** 7/7

M	T	W	H	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23A	24A	25A
28B	29B	30B	31B	

In-Service: 21-22  
New Student Orientation: 22  
First Day of Class: 23

**SEPTEMBER** 20/27

M	T	W	H	F
				1B
4	5A	6A	7A	8A
11B	12B	13B	14B	15B
18A	19A	20A	21A	22A
25B	26B	27B	28B	29B

Labor Day: 4

**OCTOBER** 20/47

M	T	W	H	F
2A	3A	4A	5A	6A
9	10B	11B	12B	13B
16A	17A	18A	19A	20A
23B	24B	25B	26B	27
30A	31A			

Columbus Day: 9  
OAC/LAC Banquet : 19  
Open House / End of 1st grading period: 26  
In-Service: 27

**NOVEMBER** 18/65

M	T	W	H	F
		1A	2A	3A
6B	7B	8B	9B	10B
13A	14A	15A	16A	17A
20B	21B	22	23	24
27	28B	29B	30B	

Act 80: 21 1/2 Day  
Thanksgiving Break: 22 - 27

**DECEMBER** 16/81

M	T	W	H	F
				1B
4A	5A	6A	7A	8A
11B	12B	13B	14B	15B
18A	19A	20A	21A	22A
25	26	27	28	29

Act 80: 22 1/2 Day  
Christmas Break: 25 - 29

**JANUARY - 2024** 20/101

M	T	W	H	F
1	2B	3B	4B	5B
8A	9A	10A	11A	12
15	16B	17B	18B	19B
22A	23A	24A	25A	26A
29B	30B	31B		

New Year's Day: 1  
In-Service / Skills USA: 12  
Martin Luther King Day: 15  
End of 2nd grading period: 16

**FEBRUARY** 19/120

M	T	W	H	F
			1B	2B
5A	6A	7A	8A	9A
12B	13B	14B	15B	16
19	20A	21A	22A	23A
26B	27B	28B	29B	

Prospective Student Open House: 15  
In-Service: 16  
President's Day: 19

**MARCH** 18/138

M	T	W	H	F
				1B
4A	5A	6A	7A	8
11B	12B	13B	14B	15B
18A	19A	20A	21A	22A
25B	26B	27B	28	29

In-Service: 8  
End of 3rd grading period: 22  
Easter Break: 28-29

**APRIL** 21/159

M	T	W	H	F
1	2A	3A	4A	5A
8B	9B	10B	11B	12B
15A	16A	17A	18A	19A
22B	23B	24B	25B	26B
29A	30A			

Easter Break: 1  
OAC/LAC Banquet: 11  
Senior Exit Interviews: 17-18  
Act 80: 17-18 1/2 Day  
Prom/Attendees Dismissed @ 9:30: 19

**MAY** 21/180

M	T	W	H	F
		1A	2A	3A
6B	7B	8B	9B	10B
13A	14A	15A	16A	17A
20B	21B	22B	23B	24B
27	28A	29A	30A	31

Memorial Day: 27  
1/2 Last Day & Commencement: 30  
In-Service: 31

**JUNE**

M	T	W	H	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

**Emergency Days/  
Snow Makeup Days**  
January 15, 2024  
February 19, 2024

Approved by JOC:  
February 16, 2023

- 1st and last day of school
- Act 80 days - 1/2 days
- Holidays
- In-Service/No School
- Emergency/Snow Makeup Days
- End of grading periods
- Prom/Attendees dismissed @ 9:30
- Dates to Remember

**Grading Periods End:**  
1st nine weeks: October 26, 2023  
2nd nine weeks: January 16, 2024  
3rd nine weeks: March 22, 2024  
4th nine weeks: May 31, 2024





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### STUDENT/PARENT HANDBOOK SIGN-OFF SHEET

\*I have reviewed the student parent handbook available on the school website and I am aware of all conditions related to the following policies: DRUG AND ALCOHOL POLICY, WEAPONS POLICY, CORE TEAM, CELL PHONE POLICY, COMPUTER USAGE, AND ALL OTHER POLICIES AND PROCEDURES CONTAINED WITHIN THE STUDENT HANDBOOK.

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_ Vocation: \_\_\_\_\_

Student Name (Sign): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Sign): \_\_\_\_\_ Date: \_\_\_\_\_

### MEDIA COVERAGE STUDENT/PARENT SIGN-OFF SHEET

There may be times during the school year when different media groups will cover curricular and extracurricular activities at the Lawrence County Career and Technical Center with articles, video, or still photography that may be published locally or nationally. In addition, LCCTC may want to include school-oriented articles, podcasts, blogs, video, or photography in our own publications and/or on our own web site.

\_\_\_\_\_ I DO give permission for media coverage as stated.

\_\_\_\_\_ I DO NOT give permission for media coverage as stated.

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_ Vocation: \_\_\_\_\_

Student Name (Sign): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Sign): \_\_\_\_\_ Date: \_\_\_\_\_

### USAGE PERMISSION FOR COMPUTER, INTERNET, NETWORK AND PARENT PORTAL

I have reviewed and understand the acceptable computer, internet, network and Parent Portal usage policy in the student/parent handbook. My child has my permission to use school computers as outlined in the acceptable usage policy. I agree to assume responsibility for damages (hardware and software) resulting from deliberate or willful acts by my child. My child has my permission to access the internet. I request and authorize the access of my child's grades, attendance, discipline and class schedule online.

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_ Vocation: \_\_\_\_\_

Student Name (Sign): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Sign): \_\_\_\_\_ Date: \_\_\_\_\_

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### REGISTRATION STATEMENT

\_\_\_\_\_  
Students Name

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

As required by Act 26 of 1995, Sections 1304-A, it is required that prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. Any willful false statement made under this section shall be a misdemeanor of the Third Degree.

**\*TO FULFILL THE REQUIREMENTS OF THE LAW YOU ARE REQUIRED TO COMPLETE ONE OF THE TWO STATEMENTS BELOW**

1. I hereby swear or affirm, under penalty of law that the above named student has not been previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

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

\_\_\_\_\_  
*Date*

2. I hereby swear or affirm, under penalty of law that the above named student has been previously suspended or expelled from the \_\_\_\_\_ School District for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

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

\_\_\_\_\_  
*Date*





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### VOCATIONAL OFF SITE WORK PERMISSION

This form is to be completed and handed in to your student's vocational instructor as soon as possible. Your student will not be permitted to attend trips without this permission form completed. When signing this form, you are giving full approval and understanding of your student's need to attend all necessary out of school sites throughout the school year. LCCTC is a vocational school, and to better prepare our students for the working force, our vocational classes will provide services and experiences outside of the building. During this time, your student will be responsible for carrying a packed lunch, will follow safety precautions, and will follow all school rules as per LCCTC student handbook. This form must be completed by a parent/guardian and will be kept on file.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Vocation

\_\_\_\_\_  
Primary Emergency Contact (Print)

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

\_\_\_\_\_  
Secondary Emergency Contact

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

Please Circle all that apply and comment if needed

Allergies    EPI-PEN    INHALER    DIABETES    SEIZURES    OTHER Medical Conditions:

### SAFETY GLASSES

I HAVE RECEIVED A PAIR OF SAFETY GLASSES FROM MY INSTRUCTOR AND AGREE TO WEAR THEM WHILE IN THE VOCATIONAL AREA, AS REQUIRED BY LAW. I ALSO AGREE TO PAY FOR THEIR REPLACEMENT IF DAMAGED OR LOST. IN THE EVENT OF A VOCATIONAL CLASS CHANGE, THE SAFETY GLASSES WILL BE RETURNED TO MY INSTRUCTOR/TEACHER

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

I/we hereby grant permission for our child to participate in all vocational outings for the LCCTC school year. I/we have given all the correct information for our child above and understand our responsibilities as stated above.

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

\_\_\_\_\_  
Date

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### **RELEASE OF CERTAIN STUDENT INFORMATION**

In accordance with the No Child Left Behind Act of 2001 and the Pennsylvania Act 10 of 1991, the Lawrence County Career and Technical Center must disclose the names, addresses, and telephone numbers of high school students to military recruiters and institutions of higher learning.

The school must also notify students aged 18 and older of their right to request that the school not release such information without prior written consent.

As a parent, you have the right to request that your private information, such as your name, address, and telephone number, **not** be released to military recruiters.

Complete this Opt-Out form and return it to the school no later than the second week of school.

**Please do not release the name, address, and telephone number of my child to:**

\_\_\_\_\_ Military      \_\_\_\_\_ Institutions of Higher Learning

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade







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## Annual Educational and Occupational Objectives for Students Enrolled in a Secondary Career and Technical Education (CTE) Approved Program

This form is to be completed each year by students enrolled in Pennsylvania Department of Education (PDE)-approved career and technical education (CTE) programs with the intent to take further technical instruction offered in the program to achieve a related occupational objective. The scope and sequence for the PDE-approved program serves as the educational plan. The instructor and guidance counselor must verify and sign this form.

### Student Personal Information

Print student's Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade level \_\_\_\_\_

School offering approved CTE program \_\_\_\_\_

(For CIP and SOC codes, refer to Standard Occupational Classification (SOC) crosswalk to CIP and Pennsylvania and Regional High Priority Occupations.)

CTE Program Name and CIP Code \_\_\_\_\_

Aligned Industry Certification Being Pursued \_\_\_\_\_ SOC Code \_\_\_\_\_

Occupational Objective (Chosen Profession) \_\_\_\_\_

Check all that apply:

Employment \_\_\_\_\_ Military \_\_\_\_\_ (Specify branch) \_\_\_\_\_

Postsecondary education \_\_\_\_\_ (Specify Institution) \_\_\_\_\_

Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_

Pennsylvania State Board of Education, Chapter 4 Section 4.31(e) states that a student's record shall include the student's educational and occupational objectives. This form, PDE-408 or a similar, locally developed form must be completed and signed each school year by the student enrolled in planned technical courses/instruction offered by the program and must be maintained in school files. The Office of the Auditor General will review student records to determine if the technical courses/instruction taken by the student coincides with the planned courses/instruction documented for the approved CTE program.

The Pennsylvania Department of Education (PDE) does not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected category. Announcement of this policy is in accordance with State Law including the Pennsylvania Human Relations Act and with Federal law, including Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990.





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### FREE LUNCH & BREAKFAST FOR ALL STUDENTS



Dear Parent or Guardian:

We are pleased to inform you that the **Lawrence County Career & Technical Center** will be continuing with the provision known as the **Community Eligibility Provision (CEP)** in the **2023-2024** school year. This program is available to schools/districts who are participating in the National School Lunch and School Breakfast Programs.

**All enrolled students of Lawrence County Career & Technical regardless of your previous status, are eligible to receive a nutritional breakfast and lunch every day at the school at no charge to your household.**

No further action is required of you. Your child(ren) will be able to participate in these meal programs without paying a fee or submitting an application.

Please Note: A la carte items will still be available for purchase by the students.

Sincerely,

Leonard A. Rich  
Administrative Director

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or speech disabilities may contact USDA through the Federal Relay Services at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.asct.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.asct.usda.gov/complaint\\_filing\\_cust.html](http://www.asct.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information request in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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## Emergency/Consent Form

**\*Please complete both sides of this form & sign the back\***

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Shop \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City/Po Box Zip code

Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Home School District \_\_\_\_\_

Student lives with \_\_\_\_\_ Please list below which parent should be contacted first and second:

Contact 1st Parent name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Employer \_\_\_\_\_ Work Time \_\_\_\_\_ Work# \_\_\_\_\_ E-Mail \_\_\_\_\_

Contact 2nd Parent name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Employer \_\_\_\_\_ Work Time \_\_\_\_\_ Work# \_\_\_\_\_ E-Mail \_\_\_\_\_

EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT DURING A STUDENT ILLNESS, INJURY, OR EMERGENCY. PLEASE LIST TWO ADULTS WHO COULD ARRANGE TRANSPORTATION AND CARE DURING THE DAY **IF YOU ARE UNAVAILABLE.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

### MEDICAL CONDITIONS THE SCHOOL NURSE SHOULD BE AWARE OF:

Does your child have any medical or mental health conditions the school nurse should be aware of? Yes  No

If yes, please list \_\_\_\_\_  
\_\_\_\_\_

Medication student is currently taking \_\_\_\_\_

Will the student require administration of prescription medication during the school day? Yes \_\_\_ No \_\_\_ If yes, please call the school nurse at 724-658-3583 extension 7108 and read below.

**\*\*PRESCRIPTION MEDICATION CANNOT BE GIVEN AT SCHOOL WITHOUT A PHYSICIAN'S ORDER. This includes the use of Epi-Pens, Asthma Inhalers & Insulin. Controlled substances (i.e. narcotics, ADHD medication, etc.) MUST be delivered to the nurse by an adult. ALL medication must be brought directly to the nurse in the original and properly labeled container.**

Insurance Provider \_\_\_\_\_ Member # \_\_\_\_\_ Group# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Dentist's Name \_\_\_\_\_ Phone# \_\_\_\_\_

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If your child has an illness or chronic condition, you **MUST** contact your personal physician for advice and care. The following medications are available in the Health Office for limited use. If you check "Yes" below, you are giving the school nurse permission to administer the medication as ordered by the school physician. If you check "No" the medication will **NOT** be given.

- Acetaminophen (Tylenol) Yes \_\_\_ No \_\_\_
- Ibuprofen (Advil, Motrin) Yes \_\_\_ No \_\_\_
- Antacid (Tums) Yes \_\_\_ No \_\_\_
- Phenylephrine/Tylenol (decongestant for colds) Yes \_\_\_ No \_\_\_
- Visine eye drops Yes \_\_\_ No \_\_\_
- Topical medication for rashes/itching/burns/cuts Yes \_\_\_ No \_\_\_
- Benadryl Yes \_\_\_ No \_\_\_
- Chloraseptic throat spray (sore throat) Yes \_\_\_ No \_\_\_
- Emetrol (for nausea) Yes \_\_\_ No \_\_\_
- Orajel (for mouth discomfort) Yes \_\_\_ No \_\_\_

\*\*\*\*\*

Pennsylvania Law (School Code XIV section 1402) mandates that all **ELEVENTH GRADE** students receive a medical physical examination. We encourage you to have your child examined by your family physician since he/she is most familiar with your child's physical health. However, you may choose to have your child examined by our school physician, Dr. Carlos Flores. This exam is **free** of charge, is only a screening, and **vaccines are NOT provided**. Your child will be referred to your family physician if a medical issue is identified. Please check your choice below.

\_\_\_\_\_ I will **provide a copy** of the physical exam, that was completed by my child's private physician, to the school nurse by May 1<sup>st</sup>. A driver's license physical or an athletic physical is also acceptable

\_\_\_\_\_ I give permission for the school physician, Dr. Flores, to examine my child. I will be notified of the date.

***I understand that I must also make an appointment with my child's doctor to receive the required school vaccines.***

\*\*\*\*\*

## This form must be signed by the parent/guardian

Parent/Guardian Statement:

- By signing below, I give permission for the school nurse to administer medications as noted above.
- I agree to notify the nurse of any changes to my child's medical health.
- I give permission and understand that LCCTC may need to share my child's medical information with teaching staff, physicians, athletic trainers, coaches, school nurses, and other medical personnel. **This will be on a need to know basis only, under HIPAA and FERPA Laws.** Any shared information will help to ensure the safety of your child and will remain strictly confidential.
- I give the LCCTC school nurse permission to contact our family physician/dentist concerning medical needs of my child during school hours (ie. immunization status, changes to medical treatments/medication provided during school hours). I also grant permission to my family physician/dentist to discuss this need with the LCCTC school nurse.
- I may rescind this in writing at any time.
- I hereby authorize LCCTC, in the event of an emergency, that is, when I am unable to be reached for authorization or when circumstances require immediate action, to proceed according to good medical practice with treatment of my child.

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



**SAP PARENTAL/GUARDIAN PERMISSION FORM**

Dear Parent/Guardian:

At some point throughout the school year, your son/daughter may be referred to our Student Assistance Program (SAP). Students can be referred to SAP by parents/guardians, school personnel, peers, or self-referrals. This voluntary program is available to offer supportive services to students experiencing academic, behavioral, and/or emotional difficulties that may pose barriers to school success. The following information regarding your child will be discussed with the SAP team should they be referred: academic records, attendance, discipline, and classroom behavioral observations from your child’s teachers to determine any in-school and/or community supports that may benefit your child.

Our SAP team members include: Mrs. Diana Caiazza (Principal), Mrs. Morgan Lynch (School Counselor), Mrs. Maryann Jenkins (School Nurse), Mr. Anthony Oviai (Learning Support and Emotional Support), and Mrs. Tiffany Vanasco (Regular Ed Teacher). Our mental health and drug/alcohol liaisons are: April McConnell – Mental Health Liaison from Human Services Center and Mr. Sean Barlett and Mrs. Jennifer Brown – Drug & Alcohol Liaisons from LCDAC.

Should your child be referred, you are a vital part of the team and the SAP team at the Lawrence County Career and Technical Center values the importance of the parent/guardian involvement in the process. After the information is collected on your child following a referral, if the SAP process is determined to be warranted, you will be contacted via phone and/or email. Our goal is to work with you and to offer support and recommendations for your son/daughter. With your permission, the SAP team will initiate the SAP process, which includes meeting with your son/daughter.

We are sending this general permission form home in the welcome packet to have on file should the need arise. Please complete the bottom portion of this letter and return it with other required forms included in your welcome packet.

\_\_\_\_\_ If my child is referred to the Student Assistance Program, I give permission to proceed with the process and for a member of the SAP team to interview my child, \_\_\_\_\_.  
Student’s Full Name

\_\_\_\_\_ I do not give permission for my child, \_\_\_\_\_ to participate in the Student Assistant Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## LAWRENCE COUNTY CAREER AND TECHNICAL CENTER

750 Phelps Way, New Castle, PA 16101-5099 724-658-3583 Fax 724-658-4753 www.lcctceagles.com

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### CHANGE OF INFORMATION SHEET

\*Any type of information change must be submitted to the guidance department as soon as possible and no later than 5 days from the information change.

\* When a guardianship of a student changes at any time, proper court documentation must be submitted to the guidance department as well as proper custody documentation, when necessary.

When moving from one school district to another it is a requirement to complete the following:

1. **Register at your new school district**
2. **Withdraw from your old school district**

\*Steps 1 & 2 should be completed on the same day.

3. **Notify the LCCTC Guidance Department of all changes and submit a copy of a utility bill or lease agreement to show proof of residency.**
4. **Contact your new school district transportation garage for transportation to and from LCCTC for your student.**

Note: All documents will be copied and returned to you. If a district change is not submitted to the participating districts and LCCTC the student may be take off the LCCTC roster.

Student's Name:		Student's Grade:	
Today's Date:		Change Effective Date:	
OLD INFORMATION		NEW INFORMATION	
Home School:		Home School:	
Exit Date of Old:		Register Date of New:	
Telephone 1:		Telephone 1:	
Telephone 2:		Telephone 2:	
Student's Name		Student's Name:	
Guardian(s):		Guardian(s):	
Relationship to Student:		Relationship to Student:	
Address:		Address:	
Emergency Contact:		Emergency Contact:	
Emergency Number:		Emergency Number:	