Brownstown Campus Student Forms Packet

LANCASTER COUNTY CAREER & TECHNOLOGY CENTER

DEADLINE: No Later than Thursday, September 10th

Student Name: **Program:**

Carefully read the enclosed Welcome Letter. Complete and return each form to the instructor. Student and parent/guardian signatures are required.

Packet is returned to the student if there are incomplete forms. Use the checklist to ensure completion to eliminate delays.

Form	Color	Purpose	Checklist
Demographic Validation	Blue	➢ Confirm or to update addresses, email addresses, phone numbers, and Emergency Contact information. Write changes directly on the form.	☐ Parent reviewed, updated, & signed
Health History Form (Two-Sided Paper Form)	Yellow	➢ Must be completed by parent/guardian. ➢ Completed and returned form is required for lab participation. ➢ **NURSE CAN ONLY GIVE OVER-THE-COUNTER MEDICATIONS IF CHECKED ON FORM.**	☐ Completed both sides ☐ Completed OTC medications ☐ Noted New immunizations ☐ Parent/Guardian signature
CTC-Provided-Laptop/Device Information Form - IF APPLICABLE	Green	➢ Must be complete and return the green form ONLY to begin taking the laptop home. **Insurance Payment Options** **Uninsured devices may exceed $120 in out-of-pocket expenses for damages.** ➢ Use the QR code or go to https://lancasterctc.edu/payments/. ➢ Cash, in the Exact Amount (office cannot give change) or a check payable to LCCTC, Memo: Laptop Insurance, **AND** the completed Laptop/Device form are to be taken to the office. Student is to see the instructor for a time to report to the office. **Insurance can be purchased at any time during the year. It cannot be purchased to cover damages that occur while the device is uninsured.*	☐ Selected Insurance option: Y or N ☐ Student Signature & date ☐ Parent/Guardian signature & date **Payment Options** *(select one)* ☐ Online payment made ☐ Cash, exact amount. ☐ Check, payable to LCCTC.
Tools/Equipment - Program Specific	Salmon	➢ Lists replacement costs of program tools and assigned toolkits by LCCTC. ➢ Student AND Parent/Guardian signatures & dates are required.	☐ Student's printed name & signature ☐ Parent/Guardian's printed name & signature
Student and Parent Consent for Release of Information/Compliance Form	White	Signatures are required for CTC to release information to schools, employers, and armed services. Answer the three Yes/No statements regarding the handbook, sharing photos, and offsite travel.	☐ Completed
Excuse Cards (4 per sheet)	White	Return within 3 school days of absence. Handwritten & email notes accepted. BTattendance@lancasterctc.edu	Keep at home for your use
CTC Online Forms: Instructions on white Welcome to Lancaster CTC and the 2026-2027 School Year letter.			
Parent Portal Sign Up	To access student grades, attendance, and more using Primary Contact's email address. Must create username and password. Student ID located on the Demographic Validation form and provided in the Cafeteria mailing.		☐ Completed
Free or Reduced Lunch Application (If applicable)	Emailed & mailed by Food Services to apply for a free or reduced lunch for CTC. Parents are responsible for all lunch charges accrued prior to approval. Complete ASAP! Must use a different email than the one used to sign-up at the high school.		☐ Completed ☐ Not Applicable

LANCASTER COUNTY CAREER & TECHNOLOGY CENTER

Welcome to Lancaster CTC and the 2026-2027 School Year!!!

All families MUST complete and return these forms to CTC by **Thursday, September 10th**:

- **Health History Form -** Students are restricted from participating in program lab activities until the form is completed and returned to CTC. This form is two-sided. Please complete both sides.
- **Demographic Validation Form -** Shows information as it appears in our system. Please note any updates and/or corrections directly on the form.
    - Any changes during the school year must be reported to the Brownstown CTC Office.
- **Student Parent Consent for Release of Information/Compliance Form –** This form is required for: the CTC to release your information to post-secondary schools, to confirm review of information in the CTC Handbook, and consents for photo and/or off-site travel.
- **Laptop Loan Agreement Form –** Completion is required for FULL-DAY students to take a CTC assigned laptop home as needed. If this form is not returned, the student will NOT be able to take their CTC laptop home.
    - This form does not apply to Half-Day students (exception for Intro to Visual Communications programs who DO need this form) nor Willow Street 3-year Welding program students.
    - **Laptop Insurance** – if opting for insurance (highly recommended), please return the form to the CTC Campus Front Office. Payment may accompany the form via check or cash, or can be made online (please see the form for the link). The *Laptop Loan Agreement Form* is required even if opting out of insurance. Note: This insurance is for CTC assigned laptops/tech items, NOT items issued by your sending school.

Please apply online for the following:

- **Parent Portal Sign Up –** Parents/Guardians have access to the CTC Parent Portal through the primary contact's email address provided on their student's CTC application. You will need your student's CTC school ID (found on the beginning of year packet or on the Food Services letter mailed this summer).
    - To access the Parent Portal, go to https://parent-csiu.eschooldata.com/LancasterCTC or go to our website www.lancasterctc.edu > Click Current Students (upper right corner) > Click the "Parent Portal".
    - Directions to for Parent Portal Registration are linked here, and are on the website www.lancasterctc.edu > Click Current Students (upper right corner) > Click "View Parent Portal Registration Instructions".
- **Free or Reduced Lunch Application (if applicable)** – The LCCTC free/reduced application is available online at https://www.schoolcafe.com/LancasterCountyCTC. This application should be completed prior to the first day of school or shortly after school begins. If you are applying for free or reduced meals, **YOU MUST SUBMIT TWO APPLICATIONS – one to LCCTC and one to your child's sending school.**
    - Information was mailed to you over the summer or included with your acceptance letter email. If you need additional information or access to the application, please visit https://lancasterctc.edu/student-resources/food-services/ located under "Free & Reduced Meals".

For information and future use:

- **Excuse Cards –** A completed card must be submitted within three school days of absence. The Excuse Card **MUST** include parent/guardian signature. An excuse card is not considered complete unless all information is provided.
    - Excuses can be submitted to the campus front office using (1) printed excuse card from our website, (2) an email to BTattendance@lancasterctc.edu (must include an image of signature) or (3) as a written note
    - Please see the student handbook for more information regarding attendance.
- **Educational Travel & Hunting Trip Form -** Must be submitted two (2) school days in advance of the trip and must have no more than two (2) unexcused absences at the time of submission.
- **2026-2027 School Calendar** is accessible on the CTC website at www.lancasterctc.edu. Scroll to the bottom of the page. Under STUDENTS, click Academic Calendars. Select VIEW CALENDAR or DOWNLOAD Calendar.

Demographic Validation Form

Student Contact Verification Street Address City, State Zip Code Phone Number			
Student ID:		**School Name**	
Date of Entry Grade 9:		**Gender:**	
Last Name:		**Most recent Grade Level:**	
First Name:		**Middle Name:**	
Race Ethnicity:		**Birth Date:**	
Counselor:		**Cohort Year:**	
Residence Type:		**Move In Date:**	
Expiration Date:		**Homeroom:**	
Is the student Hispanic, Latino or of Spanish origin?:			

Allergies			
Type	**Allergic To**	**Acuteness**	**Present with**

Guardians

Name	**Relationship**	**Email**	**Priority**	**Phone Type**	**Priority**	**Phone**

Emergency Contacts

Name	**Relationship**	**Email**	**Priority**	**Phone Type**	**Phone**

Student Siblings

Full Name	**ID Number**	**Gender**	**Grade**	**School Name**

Signature of Parent/Guardian:_____

HEALTH HISTORY

Lancaster County Career & Technology Center

Student Name:

Program:

Address:

Birth Date: **Gender:** **School:**

Grade:

Please add the necessary information below, sign where appropriate and return to the school. Feel free to add additional information or comments on the back of the form. Please sign at the bottom when completed. PLEASE print with INK.

Mother	Father	Relationship to Student:	Relationship to Student:
Name	Name	Name	Name
Home #	Home #	Home #	Home #
Cell #	Cell #	Cell #	Cell #
Work #	Work #	Work #	Work #
Other #	Other #	Other #	Other #
Can the student be released to this person?	Can the student be released to this person?	Can the student be released to this person?	Can the student be released to this person?
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

Health Insurance: _____

Name of Family Physician: _____ **Phone** _____

Hospital Preference _____ **Phone** _____

Physicians or Specialists to contact other than family physician:

NAME	**REASON**	**PHONE**

Allergies/Treatment Plan: _____

Medical Conditions: (please specify)

List any immunizations your child received within the past year:

Immunization _____ **Date** _____ **Immunization** _____ **Date** _____

Immunization _____ **Date** _____ **Immunization** _____ **Date** _____

Date of last Tetanus Booster: _____

List any medications your child takes at home or in school (include dose, time, and reason):

The school physician has approved having the following generic medications available in the health room. Please circle YES or NO to indicate medications that may be given during the school day.

Advil (Ibuprofen)	YES	NO	Pepto Bismol	YES	NO
Antibiotic Ointment (Bacitracin)	YES	NO	Refresh Lubricating Eye Drops	YES	NO
Benadryl	YES	NO	Burn Cream	YES	NO
Calagel (anti-itch cream)	YES	NO	Sudafed (decongestant)	YES	NO
Claritin/Loratadine	YES	NO	Throat Lozenges	YES	NO
Cough Drops/Syrup	YES	NO	Tums (or other antacid)	YES	NO
Epi Pen (only emergency allergic reaction)	YES	NO	Tylenol	YES	NO

By signing below, I give permission for the nurse to share significant health concerns with staff members as deemed necessary for student safety. I give permission for school health personnel to administer the above circled medication during the school year.

Parent/Guardian Signature _____ **Date** _____

HEALTH HISTORY

Lancaster County Career & Technology Center **Student Name:**

Has your child had any of the following? When (child's age)?

	Circle	AGE			Circle	AGE
ADD/ADHD	YES or NO			Heart Disease	YES or NO	
Anemia	YES or NO			Hemophilia	YES or NO	
Asthma	YES or NO			Hepatitis	YES or NO	
Diabetes	YES or NO			HIV	YES or NO	
Eczema	YES or NO			Meningitis	YES or NO	
Encephalitis	YES or NO			Pneumonia	YES or NO	
Epilepsy	YES or NO			Seizures	YES or NO	
				Tuberculosis	YES or NO	

Physical Disabilities _____

Surgeries/Operations _____

Serious Accidents/Concussions _____

Broken Bones _____

SPECIAL HEALTH NEEDS:

Is your child going to a hospital, clinic, or doctor now?

YES or NO Reason _____

Apart from vitamins, is your child taking any ongoing medications?

YES or NO What? _____

Reason _____

Is your child allergic to anything - foods, plants, insects, medicine?

YES or NO What? _____

Reaction _____ **Treatment** _____

Does your child have any special health needs or problems the school should know about?

YES or NO Describe _____

I have specific medical concerns regarding my child that I would like to discuss further.
The best number to reach me is _____ **The best time during the school day is** _____

STUDENT AND PARENT CONSENT FOR RELEASE OF INFORMATION/COMPLIANCE FORM

Release of Information

I, the undersigned parent or guardian of _____
(Print Student Name)

grant permission to the Lancaster County Career & Technology Center to provide upon request to employers, Armed Services, and prospective schools, necessary information pertinent to school performance, conduct, attendance, and health.

We recognize that the Lancaster County Career & Technology Center have the responsibility of clarifying information concerning the student's performance in the school's training program.

When you have signed and returned this form to the school, it will be placed in the student's personal file and will remain in effect until otherwise notified by one of the consenters.

_____ _____ _____
Student Signature **Date** **Instructional Program**

_____ _____
Parent Signature **Date**

Consent and/or Acknowledgement

☐ Yes ☐No I/We have read the LCCTC Student Handbook and understand the policies and procedures within it. If I need clarification about any of the policies or procedures, I will contact an LCCTC campus.

☐ Yes ☐No I/We consent to the school using our likeness, photos, student work, etc. on promotional materials, audiotapes, videotapes, and or the website for the LCCTC.

☐ Yes ☐No I/We consent for our son/daughter to travel to off-site projects related to their program of study.

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☐ Yes ☐No I/We have read and accepted the Acceptable Use of Technology Policy (AUP) (handbook pages 21-27).

_____ _____
Student Signature **Date**

_____ _____
Parent Signature **Date**

RETURN TO TABLE OF CONTENTS

LANCASTER COUNTY
CAREER & TECHNOLOGY
CENTER

Excuse Card

(Written Excuse Required for each Absence)

Today's Date_____

☐ **Absence Date**_____ ☐ **Tardy** _____ ☐ **Early Dismissal** _____

_____ _____

First and Last Name **CTC Program Title**

Reason For Absence _____

_____

_____ _____ _____

Parent/Guardian Signature **Phone Number** **School District**

Parent Excuses—8 maximum per year. If seen by doctor, letterhead excuse preferred.

For information on unexcused vs excused absences, please refer to the JOC Board Policy 204 and/or the Lancaster CTC Student Handbook.

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Examples of Lawful Parent Excuses:
CTC Student Illness - more than 3 days, see a doctor.
Required Legal/Court Attendance by Student - requires visit documentation
Pre-Approved Educational Travel
Family Emergency
College Visit - letterhead note from college
Death in Family
Military Event/Testing - event letter
Religious Observance by Family
Only 8 maximum per school year

Legal or Excused Tardy may include but are not limited to:
Doctor excuse, Tardy per high school, Court summons, Illness of CTC student

Unexcused Tardy may include, but are not limited to:
Overslept, Missed Bus, Vehicle Problems, Tardy due to driving/passenger

Medical excuses can be faxed to 717-859-4529

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