Mentor High School

Dear Parent/Guardian:

Congratulations on your child being accepted into one of our Career Technical Education (CTE) programs located at Mentor High School or Lakeland Community College. These exciting programs will have a positive benefit on your child’s future.

While your child will remain a student at their home high school they, do need to register with Mentor Public Schools for attendance, scheduling, reporting, etc. Please visit our district website - [www.mentorschools.net](http://www.mentorschools.net) - and complete the online student registration. The tab for Student Registration is found on the left side of the website and is about halfway down the page.

Students attending our CTE programs from another district **only need to** complete the online portion of the registration and **will not** need to come the the Board Office to provide proof of residency or a birth certificate.

Please have the online registration completed by May 17.

**All summer correspondence for your CTE program will be based on this registration.**

**To help ease this process, I have included a paper copy if you are unable to access the online version.**

Please turn this into Katie Gonakis at Euclid High or Shyla Urban at Wickliffe HS by May 22nd.

If you have any questions please call our office at (440)-974-5336.

Sincerely,

[Signature]

Dr. Joe Glavan  
Career Technical Education, Coordinator  
Mentor High School  
Lake Shore Compact

Educating students from Mentor, Mentor-on-the-Lake, Concord Township and Kirtland Hills.
CTE STUDENT REGISTRATION FORM

HOUSEHOLD INFORMATION

Household Phone (  ) _______ - _______
This is the phone number we will call for calamity days or emergency notification.

Home Address
Street Address: _____________________________________________________________
City/State/Zip : ____________________________________________________________

PARENT/GUARDIAN #1

#1 First Name_________________________ Gender M F
Middle Name_________________________ Date of Birth ____________
Last Name ___________________________ Relationship to Student ________________________

Cell Phone:(  ) _______ - _______
Work Phone:(  ) _______ - _______
Email: ____________________________________________
Secondary Email: __________________________________

PARENT/GUARDIAN #2

#2 First Name_________________________ Gender M F
Middle Name_________________________ Date of Birth ____________
Last Name ___________________________ Relationship to Student ________________________

Cell Phone:(  ) _______ - _______
Work Phone:(  ) _______ - _______
Email: ____________________________________________
Secondary Email: __________________________________

Does Parent/Guardian #2 live at home address listed above?  □ YES □ NO

Secondary Household (If applicable)
Household Address Parent Guardian #2 if not at home address listed above
Street Address: _____________________________________________________________
City/State/Zip : ____________________________________________________________
Emergency Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Relationship to Students</th>
<th>Contact Sequence (3, 4, or 5)</th>
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STUDENT INFORMATION

Legal First Name: ______________________ Gender: M  F  Enrollment Grade: __________
Legal Middle Name: ____________________ Birthdate: __________ School Year: __________
Legal Last Name: _______________________ Date Entered US: __________ Birth City __________
Suffix: _________________________________
Nickname: ______________________________

Race Ethnicity

Is Student Hispanic/Latino  □YES □ NO
Please check all that apply. If not Hispanic/Latino, at least one is required.
□ American Indian or Alaska Native
□ Asian
□ Black or African American
□ Native Hawaiian or Other Pacific Islander
□ White

Student Services

Does your student have a current IEP?  □ YES □ NO
Does your student have a current 504 plan?  □ YES □ NO
Has your student previously received gifted/talented services?  □ YES □ NO

Student Lives With:

□Mother and Father  □Mother and Stepmother
□Mother  □Father and Stepmother
□Father  □Father and Friend
□Married or 18 and not living at home with parents  □Legal Guardian

Parents are: □Married  □Divorced  □Legally Separated  □Never Married  □Widowed
Custody Comments: ___________________________________________________________
EMERGENCY MEDICAL AUTHORIZATION

Doctor: ___________________________  Doctor Phone: ___________________________
Dentist: __________________________  Dentist Phone: __________________________
Medical Specialist: __________________  Medical Specialist Phone: _______________
Preferred Hospital: __________________  Emergency Room Phone: _______________

☐ In the event reasonable attempts to contact me have been unsuccessful, I HEREBY GIVE MY CONSENT for
(1) the administration of any treatment deemed necessary by above named doctor, or, in the event the
designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer
of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the
medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are
obtained prior to the performance of such surgery.

☐ REFUSAL TO CONSENT  I do NOT give my consent for emergency medical treatment of my child.
In the event of illness or injury requiring emergency treatments, I wish the school authorities to take
the following action:

Refusal to Consent Instructions: ____________________________________________________________

_____________________________________________________________________________________

Facts concerning the child's medical history including allergies, medications being taken, and any physical
impairment to which a physician should be alerted. Please indicate "None if your child has no medical conditions
and does not take any medications.

_____________________________________________________________________________________

Health Services

Medical or Mental Health Conditions  ☐ YES  ☐ NO
Please select all conditions
☐ Allergies  ☐ Asthma  ☐ Attention Deficit Disorder/Hyper Activity (ADD/ADHD)
☐ Bone/Joint  ☐ Convulsions/Epilepsy  ☐ Degenerate Disease Arthritis  ☐ Dental
☐ Diabetes  ☐ Eczema  ☐ Emotional  ☐ Fainting Spells  ☐ Heart/Lung
☐ Headaches/Migraines  ☐ Hearing Impairment  ☐ Frequent Ear Infections
☐ Urinary  ☐ Vision  ☐ Other

Medications  ☐ YES  ☐ NO
Medication Name  Where Taken  Medication Type
1. ______________  ☐ At Home  ☐ At School  ☐ Both  ☐ Daily  ☐ Emergency  ☐ As Needed
2. ______________  ☐ At Home  ☐ At School  ☐ Both  ☐ Daily  ☐ Emergency  ☐ As Needed
3. ______________  ☐ At Home  ☐ At School  ☐ Both  ☐ Daily  ☐ Emergency  ☐ As Needed
4. ______________  ☐ At Home  ☐ At School  ☐ Both  ☐ Daily  ☐ Emergency  ☐ As Needed
RELEASE AGREEMENTS

Media
As the parent/guardian of a student in the Mentor Public School District, I understand the District considers the following information "directory information".

- Student's name, address and phone number
- Student's photograph
- Student's dates of attendance
- Student's date of graduation
- The previous educational agency or institution attended
- Student's participation in officially-recognized activities and sports
- Student's height and weight if a member of an athletic team
- Any other information which would not generally be considered harmful or an invasion of privacy if disclosed

For example: Your child's photo will not be in the yearbook or on the website, your child's name will not be in any programs, yearbook or on the published honor roll.

I understand "directory information" may legally be disclosed to the student's teachers and to colleges, scholarships, etc. if the student applies and to military recruiters.

☐ Yes - I give permission for my child to participate in any public or school media publication.
☐ No - I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects.

Application of Pesticides
The Board of Education follows the standards for the safe application of pesticides in the classroom buildings of the District as established by the Ohio Department of Agriculture. The District shall provide notice to individuals who have requested prior notice at least seven (7) days in advance of a scheduled application of a pesticide.

☐ Yes - I would like notification.
☐ No - I do not need notification.

Technology
☐ Yes - I agree to the attached Technology Acceptable Use Policy.
☐ No - I do NOT agree to the attached Technology Acceptable use Policy.

MHS Laptop Guidelines
All students in grades 9 through 12 will be required to pay a $25 non-refundable computer fee before receiving their laptop. This is a yearly fee. When repairs for accidental damage are needed, the first accidental repair is a $50 charge. The second repair is a $75 charge. The third repair is a $100 charge. After the third repair, students will lose their take home privileges. If a fourth repair is needed, the fee will be the entire cost of the repair. These charges are yearly and start over with each new school year. If the damage to the MacBook has been caused intentionally by the student (punching or throwing the device), the entire cost of the repair will be charged. Students are also responsible for the cost of replacing their power adapter, computer case and other accessories.

The replacement cost for power adapter and case are as follows:
- Tech Fee - $25.00 must be paid before receiving device
- Power Adapter - $59
- Case - $30

Lost or Stolen Equipment Policies and Procedures
If the laptop is lost/stolen, the student/guardian will be responsible for the entire replacement cost of the laptop, case, and power adapter.

- Replacement MacBook w/Charger - $739 + Case $30 = TOTAL $769.00

☐ Yes - I've read and agree to the MHS Laptop Guidelines
☐ No - I've read and do NOT agree with the MHS Laptop Guidelines

I certify my signature authenticates that the information provided in this document and registration packet is true. Please sign on the line below:

__________________________________________________________

Date: ___________________________