

# Secondary Student AGREEMENT FORM



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*Please carefully read and complete each section below:*

Student Name:

Highschool:

Program:

Grade Level:

Please read the following carefully before signing. This is a legally binding document. Internet access is available to all students and instructors at Eastern Oklahoma County Technology Center (EOC Tech). We are pleased to provide this access to the school, and believe the Internet offers vast, diverse, and unique resources to all students and instructors. This service is provided by the school with no guarantee or reliability of service. It is also understood that the Internet contains materials that will be illegal, defamatory, inaccurate, or offensive to some people. In spite of these potential problem areas, we feel that the good from the Internet access far outweighs the disadvantages. The EOC Tech staff will do everything possible to restrict access to inappropriate areas of the Internet. Ultimately, it will be the responsibility of Internet users themselves to follow set standards, and to display appropriate ethical behavior in all areas of Internet use. The signature(s) at the end of this document are legally binding, and indicate that the individual(s) who have signed have read the terms and conditions and understand(s) their significance.

**Acceptable use** – The purpose of NSFNET, which is the backbone of the Internet, is to support research and education in and among academic institutions of the U.S. As such, the following items must be complied with:

- Use of the Internet must comply with the educational objectives of the school and the class.
- Use of other organization's networks or computing resources must be in compliance with that organization's rules, as well as the rules of EOC Tech.
- Unacceptable use of the Internet will include the transmission or receiving any material which is in violation of local, state, or national laws, to include copyrighted material, material produced by trade secret, and threatening or obscene material. The viewing of anything obscene in nature will also apply.
- It is not permissible to use the Internet access for product advertisement, political lobbying, or commercial activities.
- At no time should the Internet be used in such a way to disrupt the use of the network by another user. This is to include destruction or altering data, equipment, or other networks attached to the Internet. Knowingly transmitting or receiving a virus or virus authorizing software is expressly forbidden.
- All users are expected to abide by the general accepted rules of network etiquette. Be polite, use appropriate language, do not reveal personal addresses or phone numbers of others, and remember that all communications across the Internet are assumed to be private, but are not guaranteed to be private.

**Privileges** – The use of the Internet is a privilege, not a right. Inappropriate use will result in the loss of these privileges. Individuals designated by EOC Tech staff will deem what is inappropriate, and their decision will be final. EOC Tech may suspend, deny, or revoke user access by users who do not follow established rules.

**Warranties** – EOC Tech makes no warranties of any kind, expressed or implied, for the service it is providing. EOC Tech will not be responsible for any damages you suffer. This includes the loss of data resulting from delays, nondeliveries, misdeliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via this school's internet access is at your own risk. EOC Tech specifically denies any responsibility for the accuracy or quality of information obtained through this service.

**Exceptions of Terms and Conditions** – All terms and conditions in this document are applicable to Eastern Oklahoma County Technology Center and to its service providers. These terms and conditions reflect the entire agreement of the parties and supersede all prior oral or written agreements of the understanding parties. These terms and conditions shall be governed and interpreted in accordance with the laws of the state of Oklahoma, and the United States of America.

## **Studnet Internet Access Agreement**

I understand and will abide by the terms and conditions for Internet access. I further understand that any violation of these regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

User Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Full User Name: \_\_\_\_\_

*Internet users under the age of 18 and/or still in high school must have a parent or guardian read and co-sign this agreement.*

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## Parent Internet Access Co-Agreement

As a parent or guardian of the above user, I have read the Eastern Oklahoma County Technology Center (EOC Tech) Terms and Conditions for Internet Access. I understand that this access is designed for educational purposes and EOC Tech has taken available precautions to eliminate controversial materials. However, I also recognize that it is impossible for EOC Tech and its service providers to restrict access to all controversial materials and I will not hold EOC Tech or its service providers responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of the network is not in a school setting. I hereby give my permission to grant Internet access to my child and certify that the information contained on this form is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Full Parent Name: \_\_\_\_\_

## Field Trip Permission

Field trips are important part of the programs at EOC Technology Center. Trips may be scheduled to include business/industries, colleges, schools, or student organization meetings. Your permission is being requested for your son/daughter to accompany his/her technology center program on any trips taken during the year. While on the school activity, all policies and regulations of the school will be in effect.

I give permission for my son/daughter to participate in planned field trips with EOC Technology Center.

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

Date: \_\_\_\_\_

## Model Release

I hereby grant EOC Technology Center and their representatives, the irrevocable and unrestricted rights to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and any manner and medium; to alter the same without restrictions; and to copyright the same. I hereby release EOC Tech and their legal representatives, successors, and assigns from all claims and liability to said photographs.

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

Date: \_\_\_\_\_

## Information Release

I authorize EOC Tech Center to release information on my behalf. The purpose is to provide possible employers information that will assist my efforts of finding employment. Information may include instructor evaluation, resume, competency profile, attendance and grade records, and/or other school information. I grant EOC Tech Center the right to request and forward student high school transcripts for EOC Tech Center use and/or any college alliance partners (Rose State College, OSU-IT, and OSU-OKC) for admittance.

Print Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Text Alerts

Please select one of the following regarding school reminders, closures, and emergencies:

- ☐ I opt to receive text messages from EOC Tech
- ☐ I choose not to opt in at this time

\_\_\_\_\_  
Student Signature & Date

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

Eastern Oklahoma County Technology Center does not discriminate on the basis of race, color, national origin, sex/gender, age, disability, or veteran status in its programs or activities. For inquiries concerning this policy contact Dr. Brent Casey, at Eastern Oklahoma County Technology Center, 4601 N. Choctaw Rd., Choctaw, OK 73020. Tele: (405) 390-9591 Email: bcasey@eoctech.edu

■ Secondary Student

# CONFIDENTIAL INFORMATION FORM



Please carefully read and complete each section below:

Student Name:

Session (choose one):

☐ AM ☐ PM

Program:

Date of Birth:

**These questions are voluntary.** If you choose to assist us, this information will be used for statistical purposes only (in compliance with state and federal reporting). The information you provide will be kept confidential.

**Are you, or your family, eligible for or receiving any of the services from the following agencies or programs:**

- ☐ Benefits under the Food Stamps Act
- ☐ Free and reduced-priced meals under the National School Lunch Act
- ☐ Survivors benefits from Social Security (SSI)/Aid to Dependent Children
- ☐ Disability benefits from Social Security/Title I of the Elementary and Secondary Education Act
- ☐ Financial help from one or more of the following:
  - Department of Rehabilitation Services
  - Veterans Affairs
  - FAFSA (Pell Grant)
  - Workforce Investment Act (WIA)
- ☐ Department of Human Services
- ☐ TANF
- ☐ Single Parent
- ☐ Foster Child Services
- ☐ AITEP (American Indian Training & Education)
  - Through which Tribe? \_\_\_\_\_

**English Language Familiarity – please check any of the following that apply to you:**

- ☐ I learned English as my first language and it is the main language I use throughout the day
- ☐ The first language I learned was a language OTHER THAN English
- ☐ A language other than English is the main language spoken in my home
- ☐ Since English is not my first language, I have difficulty speaking, reading, writing or understanding it

**Please initial any of the following that apply to you (the student):**

- ☐ I am homeless
- ☐ I am in Foster Care
- ☐ I have a parent(s)/legal guardian(s) that is/are Active Duty Military

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**Please initial one of the following:**

\_\_\_\_ I am on an IEP/504 at \_\_\_\_\_ High School and my IEP/504 teacher's name is: \_\_\_\_\_

\_\_\_\_ I need accommodations for the following disability (please list all that apply):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I have the following condition(s) that requires medication on a regular basis:

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_ I acknowledge that accommodations are available to me, but at this time exercise my right not to request them. If they are needed in the future, I understand that I can contact Student to develop an accommodation plan.

\_\_\_\_\_  
Student Signature and Date

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

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Tele: (405) 390-9591 Email: bcasey@eoctech.edu*

# MEDICAL RELEASE FORM



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*Please carefully read and complete each section below:*

Student Name:

Session (choose one):

☐ AM ☐ PM

Program:

In the event of an emergency, it is understood that consent is given in advance for any diagnosis or treatment required while the student is participating in EOC Technology Center activities and that this Medical Release Form authorizes designated school personnel to exercise their best judgement should action be warranted to ensure student's safety, life, and health. This form should be signed and will be kept with designated school personnel during EOC Technology Center activities.

In the space provided, describe what should be done in case of an emergency if religious beliefs prohibit any emergency medical attention for accident, sickness, or injury: \_\_\_\_\_

\_\_\_\_\_

## General Information:

Allergies to food, medication, other \_\_\_\_\_

Specific Medical Problems \_\_\_\_\_

Date of last tetanus \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

Other (please be specific) \_\_\_\_\_

## Current Medications:

Name of medication(s) \_\_\_\_\_

Prescribing Physician & Phone \_\_\_\_\_

## Insurance Information (will be used only in case of an emergency):

Insurance Company Name \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Insured \_\_\_\_\_

## Emergency Contact:

Person Relationship \_\_\_\_\_

Work Telephone Home Telephone \_\_\_\_\_

Employer and Phone \_\_\_\_\_

## Alternate Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employer and Phone \_\_\_\_\_

\_\_\_\_\_ I hereby give permission for \_\_\_\_\_ to receive immediate medical treatment as required in the judgement of the attending physician. Notify me and/or person(s) listed above as soon as possible.

\_\_\_\_\_ I do not give permission for medical treatment until I have been contacted.

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