



Acknowledgement of Receipt
2023-2024 Handbook

These documents were included in the orientation packet to your Career Center student on August 1, 2023. By signing below, you acknowledge the receipt of the above mentioned documents and agree to review with student and parent/guardian.

Student Signature

Date

Parent/Guardian Signature

Date

Student Internet/Network Acceptable Use and Safety Agreement

As an Internet/network user and a user's parent(s) or guardian(s), we agree that _____
 must adhere to the following: Print Student Name

1. The use of computers and networks at New Castle Community School Corporation is a privilege and not a right. Inappropriate use will result in cancellation of that privilege.
2. The purpose of Internet and other networks used at New Castle Community School Corporation is strictly educational; therefore, activity on the Internet and other networks will be restricted to registered users for the purpose of learning uses and gathering of information for New Castle Community Schools curricular and co-curricular activities. Playing games or using networked resources for non-academic purposes is not permitted unless supervised by school staff. Users may not conduct commercial activities for profit, advertise products, or conduct political lobbying on the network.
3. We are aware of U.S. copyright laws, will properly attribute material obtained through Internet Access and not infringe the copyrights of others and understand that we, not New Castle Community School Corporation, will accept the legal responsibility for any violation of federal or state statutes, rules, or regulations.
4. We are aware that business transactions can take place via the Internet and other networks and understand that it is not appropriate for users to use the school Internet or other networks' connections for personal promotion, sales, or purchase and that we, not New Castle Community School Corporation, will accept the fiscal responsibility for any personal transactions conducted, and will pay any debt or liability personally created.
5. We understand that New Castle Community School Corporation has taken precautions and can continue to take precautions, to monitor access to inappropriate materials; however, on a global network it is impossible to control all materials. We understand that transmission or reception of threatening, obscene, pornographic, abusive, or unlawful materials is not appropriate and will result in the cancellation of the privilege to use Corporation computers and networks.
6. We are aware that the New Castle Community School Corporation, in its own discretion, reserves the right to remove any material which is threatening, obscene, pornographic, abusive, or unlawful.
7. We will use appropriate language as indicated by school codes of conduct, not use networked resources for illegal or improper purposes, including, but not limited to, vandalism, harassment, defamation, ridicule, humiliate, intimidate, or libel another, and not post or repost private information about another person.
8. Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on Internet, you must notify an Administrator or Teacher. Do not demonstrate the problem to other users. Do not use another individual's account without written permission from that individual. Attempts to login as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.
9. We understand that vandalism is defined as any activity that disrupts the System, or other Users' use of the System, including, but not limited to, introducing computer viruses to the System, hacking, phreaking, bombing, spoofing, and spamming. Deliberate violations may result in suspension or revocation of access to networked resources, and/or other disciplinary action.
10. We understand that passwords, accounts, names, addresses and phone numbers and files are private information and not to be shared, accessed or altered in any way on the networks or the Internet. However, we also understand that files and messages stored on school computers may be reviewed by administrators and system operators to maintain systems and insure that users are acting responsibly.
11. The New Castle Community School Corporation reserves the right to monitor storage space utilization by users and limit space. Users will diligently remove files from personal directories to avoid excessive use of disk space Users have no reasonable expectation of privacy in their use of Internet Access or the System. School administrators and New Castle Community School Corporation personnel may monitor Users' Internet Access and use of the System, including e-mails when use of e-mail is permitted, as well as stored communications and files.
12. The New Castle Community School Corporation does not warrant that the functions of the computers, lines, or networks will meet any specific requirements the user may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the system.

As the student's parent or legal guardian, I agree to this agreement and will indemnify the Corporation for any fees, expenses, or damages incurred as a result of my child's use or misuse of the Network or equipment. Parents/guardians who do not wish for their children to participate in activities requiring access to corporation networks should notify the building administrator in writing.

 Parent/Guardian Signature Date

 Student Signature Date

 Parent/Guardian Signature Date

Note: To be signed by both parents if married or by the custodial parent(s) if not married or all guardian(s). This form shall remain in full force and effect until revoked in writing by the parent(s) or guardian(s).



ON-SITE WORK EXPERIENCE PERMISSION FORM

New Castle Career Center students will be on field trips and in work-based learning experiences throughout the school year off-site related to the curriculum.

Please read and complete the information below:

I _____, the parent/guardian of _____ ("my child"), give permission for my child to attend work-based learning and clinical experiences.

I understand that personal injury can and may occur to my child, and I hereby authorize New Castle Career Center to seek and consent to emergency medical attention for my child as needed, and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I understand my child will be at the job sites with hired employees from different industries related to the program, with whom the student may come in contact while working on this project. The hired employees at the work-based learning and clinical sites may not have background checks depending on the employers' requirements.

I hereby release New Castle Career Center, its employees, agents, and volunteers, from any and all liability, claims, demands, causes of action, and possible causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child while participating in or traveling to work-based learning and clinical sites.

In addition, I grant permission for my child to be photographed and/or videotaped for promotional and educational purposes while participating in this program.

⇒ I understand that my child will be released to complete job shadows, volunteer work, worksite, or Extern/Internship requirements throughout the school year. Students will be responsible for home school classes and attendance for permission cannot be given from the instructor for a missed class time other than the NCCC Program.

⇒ I understand the NCCC student will be responsible for transporting him or herself to offsite experiences.

⇒ I understand that on occasion my student may be scheduled for these activities before or after the scheduled class time or on a day when the site is available and the class is in session. My student is responsible for the work missed in class.

⇒ I understand my student must demonstrate professionalism both in the classroom and off-campus experiences.

⇒ I understand that there may be times when my student will be asked to participate in events beyond the scheduled class time such as an open house, honors night, etc. Notice will be given to students in advance of these events.

- ⇒ I understand that it is the responsibility of the parent/guardian to provide transportation for the student to outside-of-class assignments such as job shadows, extern/internships, and required events.
- ⇒ I understand that schedules and appointments may leave limited time for travel or meals. Please plan accordingly. Flexibility is always key.
- ⇒ I understand that the nature of the program may incorporate times of limited supervision and it is important to stress Safety Protocol in the classroom, lab, and off-campus experiences. People and animals can be unpredictable.
- ⇒ I understand that New Castle Career Center, the Instructor, nor the off-campus experiences shall be held responsible for an accident involving a student on the way to, from, or at his/her home and/or the training site.

Please select one:

_____ I require my child to ride a bus designated by the sending high school or New Castle Career Center for transportation to and from the work site experiences.

_____ I give permission for my child to secure their own transportation to and from the work site, by either driving or riding with someone else.

I agree and consent to all of the above stated.

(Parent Signature)

(Date)

(Printed Name)

(Phone Number)

(Emergency Contact Name)

(Emergency Contact Phone)

Student Name _____

Photo Release

I grant permission for my son/daughter to be photographed or videotaped for promotional and educational purposes while participating in this program.

_____ Yes _____ No

Permission to Display Student Work

I give permission to display my child's work on bulletin boards, in hallways, on desks, etc. I understand this work may include his or her name in public view.

_____ Yes _____ No

Permission to Display Student Photo and/or Name in Local Newspapers and/or NCCSC Web Page, Publications, etc.

_____ Yes _____ No

Walking Field Trip Permission

I give permission for my son/daughter to go on walking field trips with the class for the 2023-2024 school year.

_____ Yes _____ No

Parent/Guardian Signature _____

Indemnification Agreement

I hereby agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against New Castle Career Center and the New Castle School Corporation and experience location employees or representatives arising from injury or damages, including attorney fees that may result from my child's participation in the New Castle Career Center.

I further agree to indemnify and hold harmless New Castle Career Center and the New Castle School Corporation and experience locations or their respective officers, employees, or representatives from any claims, including attorney fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child's participation in the New Castle Career Center.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Permission to Travel

As the parent/legal guardian of the above-named student, I hereby consent he/she may drive a private vehicle to and from such experiences. I acknowledge that he/she is licensed to drive under the laws of the State of Indiana and agree to advise the school immediately if his/her driving privileges are suspended, revoked, or have expired without a timely renewal. I understand that automobile insurance is required.

_____ Yes _____ No

As the parent/legal guardian of the above-named student, I hereby consent to allow him/her to ride with another student to the off-campus experience.

_____ Yes _____ No

Student Vehicle Verification

All students driving to New Castle Career Center (NCCC) must register their vehicle(s) with the NCCC office. This form should be read and signed by the student driver and their parent/guardian. Driving is a privilege, and the privilege may be revoked by a school administrator with due cause.

Student Driving Rules:

- A parking tag will be distributed to the student when this form is turned into office staff. The parking tag should be displayed from the rearview mirror, or in plain view, at all times while the student attends NCCC classes.
- Upon arriving at NCCC, the driver and their passengers should secure the car and enter the building immediately. Students should not remain in the parking lot.
- You are not permitted to return to your car during class time without the permission of an administrator.
- Drivers will observe the 15 MPH speed limit on school grounds. They also are expected to be courteous and safe drivers
- All regular school rules are to be observed by student drivers and their passengers.
- The front three (3) rows of the NCCC parking lot at New Castle High School are reserved for staff and visitors.

Students are not allowed to park in this area.

- NCCC is not liable for damage to a vehicle parked in the lot or any item that may be taken from a vehicle.

Any

damage should be reported to the NCCC office. Local authorities will be notified to investigate the incident.

- The cost for a replacement tag is \$5.00.
- If it is necessary to occasionally drive a different vehicle than the one identified, please use this tag. Should you change vehicles, please stop in the NCCC office and update this information.
- Upon "reasonable suspicion or probable cause" on the part of a teacher or an administrator, a student may be subject to search and seizure by the director or other members of the administrative staff. This search may extend to the student's locker, vehicle, or belongings. Any substance and/or items found during such search may be confiscated and/or may be grounds for suspension, expulsion, and /or arrest.
- Inappropriate messages will not be displayed on students, vehicles, or on school grounds. Display of rebel flags are not permitted at NCCC.

Upon "reasonable suspicion or probable cause" on the part of a teacher or an administrator, a student may be subject to search and seizure by the director or other members of the administrative staff. This search may extend to the student's locker, vehicle, or belongings. Any substance and/or items found during such search may be confiscated and/or may be grounds for suspension, expulsion, and /or arrest.

Student's Driver's License #: _____ License Plate #: _____

Insurance Company: _____

Car Make/Model: _____ Year: _____

Policy Number: _____

Student's Home High School _____ Career Program _____

Parking Tag # (filled out by Career Center office) _____

Confidentiality Agreement

I understand that in the New Castle Career Center I may have access to and be involved in the processing of verbal, written, computer-generated, computer accessed, filmed, and/or recorded information related to clients, employees, and staff or company business.

I understand that I am required to maintain the confidentiality of this direct or indirect information at all times, both during and after my experience. I understand that I will not share, discuss, or reveal any of this information with anyone.

I understand any breach of confidentiality may result in disciplinary action, including termination or legal action.

I certified by my signature that I acknowledge being informed of the confidentiality policy concerning confidential information and its treatment. I agreed to adhere to and uphold the private and privileged information therein.

Signature of Student _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

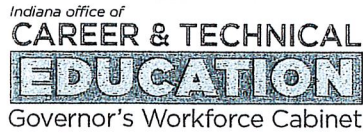
Signature of program instructor _____ Date _____



NEW CASTLE CAREER CENTER SCHOOL MESSENGER ALERT REGISTRATION

The following phone numbers should be used for the School Messenger alert system to receive notifications of school closings, delays, and other important events:

| | |
|-------------------------------|--------------------------|
| Student Name: | Home High School: |
| Career Center Program: | |
| Student Phone #: | |
| Parent Name: | Phone: |
| Parent Name: | Phone: |
| Other Contact: | Phone: |



Career and Technical Education Student Information Release Form

IC 20-20-38-14.5

Student Name (print) _____

I, _____, AGREE to release information regarding my

Your Full Name

enrollment (emancipated student) or my student's enrollment in a career or technical education course to potential employers that contact the school to recruit students with particular career and technical skills. The school shall also provide enrollment information to the Department of Workforce Development (DWD) through the InTERS reporting system. The DWD may provide the enrollment information to potential employers that contact the DWD to recruit students with particular career and technical education skills.

I, _____, REFUSE to release information regarding my

Your Full Name

enrollment (emancipated student) or my student's enrollment in a career or technical education course to potential employers that contact the school to recruit students with particular career and technical skills.

I understand the information may be released orally or in the form of copies of written enrollment information, when preferred by the requester. I have a right to inspect any written information released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the Governor's Workforce Cabinet's Office of Career and Technical Education by emailing CTE@gov.in.gov. I further understand that until this revocation is made, this consent shall remain in effect and my enrollment information will continue to be provided as detailed in this Consent.

Name (print) [parent or emancipated student] _____

Signature: _____

Date: _____

Student Email Address: _____

NEW CASTLE COMMUNITY SCHOOL CORPORATION
NEW CASTLE, INDIANA

Medical Information for Field Trips

Date: 2023-24 School Year Career Center Program: _____

Field trip to: 2023-24 school year field trips

Person(s) in charge of field trip: _____

I give my consent for (student's name) _____ to go on field trips with the specified Career Center Program and for the instructor to have the following medical information on file.

In consideration of the benefits derived from this field trip, I hereby voluntarily waive any claim against the Board of Education of New Castle Community School Corporation and its agents or employees for any and all causes which may arise in connection with the above field trip.

We will need permission to act in case of emergency. We do not anticipate any emergencies, but this could always happen. I give my permission for medical or first-aid assistance to treat my child in case of emergency.
Parent Signature: _____ Date: _____

One of these forms **MUST BE COMPLETED FOR EACH STUDENT** and filed with the teacher before any school trip is made.

Medical Information
(All information is confidential)

Allergies: Drug Allergies: _____

Food Allergies: _____

Other Allergies: _____

Tetanus Booster: Date: _____ (Please check with your family Physician)

Students will not be given any medications unless the school is supplied with original medicine container with the student's name on the container.

List below instructions for dispensing medication to your child:

Medicine Name: _____ Dosage: _____ Time Given: _____

Medicine Name: _____ Dosage: _____ Time Given: _____

Emergency Contact Information

Mother's Name: _____ Home: _____ Work: _____

Father's Name: _____ Home: _____ Work: _____

Other: _____ Home: _____ Work: _____

Student Medical Information - This information is necessary in case immediate medical attention is needed.

Medical Alert: YES NO
If YES, please explain:

List medical conditions or allergies that could affect the student's health and well-being while in a career program class:

Health/Accident Insurance: YES NO
If YES, please complete information below:
Insurance Provider:
Policy Number:
Phone:

Physician's Name: _____ Phone: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The New Castle School Corporation is an equal opportunity employer and prohibits discrimination in admission or access to, or treatment or employment in, its programs and activities.