

C-TEC Application
Parent/Legal Guardian Approval



Student Name _____ High School: _____

Please read the following statements carefully:

- Parent signature below is acknowledgment that student is submitting an application for C-TEC.
- Parent and student signatures below authorize C-TEC to have access to associate school records.
- College entrance test scores will be released to an accepting post-secondary institution if the student meets College Credit Plus/PSEOP eligibility.
- Students with an Individual Education Plan will have their final placement into a career program determined by the IEP team.
- Any release of student directory information will be in compliance with the Federal Education Rights and Privacy Act and C-TEC Board Policy 8330.
- A Background Check Form will need to be completed for any student accepted in Clinical Care, Criminal Justice, Firefighting/EMS, Medical Assisting, or Teaching Careers prior to the first day of school.

Parent/Legal Guardian Signature _____ Date _____

Student Signature _____ Date _____

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