



Parent/Guardian and Student Certification/Release Form

Student Name: _____ High School Attending: _____

Program: _____ Course Enrolled: _____

Parent/Guardian Name(s): _____ Student Birthdate _____

Parent Certification and Release:

Initial _____ I understand that all tuition/fees/textbook costs for any college coursework through the Youth Apprenticeship Program not covered by the school district but required for my child during his/her training site will be my responsibility. I also understand that if my son/daughter fails the course I may be required to reimburse the school district for the cost of the course.

Initial _____ I understand that a parent or guardian must attend, along with my child, any orientation session that may be required for the work based learning program.

Initial _____ I authorize the release of transcripts of grades and attendance records to the DCSC (Dane County School Consortium) office.

Initial _____ I authorize instructional staff (Madison College/UW/DCSC) to release my son/daughter's grade/performance to DCSC staff for courses related to this program, to be distributed to our high school.

Initial _____ I authorize my child's high school and the DCSC office the use of the following; written/oral testimonials, photographs and/or video or digital recordings with my child's image, in publications and/or news releases.

Initial _____ I understand that I am solely responsible for transportation of the undersigned student to and/or from the program's classroom and/or worksite and for all loss involved in said transportation.

Initial _____ I certify that my child, if driving to and from the classroom or worksite, has a valid driver's license and adequate car insurance.

Please list any medical concerns that DCSC instructional staff should know about your child:

Student: _____
Signature

Date: _____

Parent/Guardian: _____
Signature

Date: _____

The Dane County School Consortium does not discriminate on the basis of sex, race, color, national origin, ancestry, creed, pregnancy, religion, marital or parental status, sexual orientation, or disability. Inquiries related to Section 504 of the Rehabilitation Act of 1973, s.118.13, Wisconsin Statutes, or Title IX of the Education Amendments of 1972 should be directed to the home school non-discrimination officer or to the Dane County School Consortium Director at 608-316-1358.

