

Foothill Middle College Forms

Student Name: _____

Emergency Contacts

In case this student becomes ill, and parents/guardians are not available, one of the following relatives, friends or neighbors may be called for assistance and may authorize my student to leave campus due to illness.

First and Last Name: _____

Daytime Work and Cell Phone Numbers: _____

First and Last Name: _____

Daytime Work and Cell Phone Numbers: _____

Emergency Consent

By signing below, you agree that if the student becomes seriously ill or injured and a contact cannot be reached, the school staff can contact the physician or send the student to the hospital by ambulance.

Physician Name & Telephone: _____

Hospital Name & Telephone: _____

Parent Signature: _____ **Date:** _____

Student Name: _____

Middle College Consent

The Middle College program offers students with college potential the opportunity to complete their High School requirements on the Foothill campus. The philosophy of the Middle College program is to empower students by giving them choices and treating them as adults. Students will be encouraged to take advantage of the many opportunities offered at Foothill College and will receive the support necessary for their success. Student obligations include regular attendance and following through on their commitments.

I have read the above and by signing below, I give permission for my son/daughter to participate.

Parent Signature: _____ **Date:** _____

Transportation Consent

By signing below, I hereby consent to the transportation of my student for any of the following school sponsored activities: field trips, inter-scholastic athletics, and extra-curricular activities such as class or club activities. The school supervisor has my permission to obtain first aid and/or medical services should a need arise. I hereby indemnify and hold harmless and release the Mountain View-Los Altos Union High School District, its employees, and authorized drivers from any and all liability for damage or bodily injury that may occur through the use of transportation as specified above.

Parent Signature: _____ **Date:** _____

Student Name: _____

Notice Regarding the Release of Photographs of Minors

Students are frequently photographed when participating in school activities and these photographs may appear in such District publications as school newsletters, the School Accountability Report Cards, or the school/district websites. These publications are frequently distributed outside the District. For example, copies of School Accountability Report Cards are available at the City Library and are distributed to all parents in the community. Students may also be videotaped when participating in school activities, and occasionally these videotapes may be distributed in some manner to members of the general public, such as being shown on Cable TV.

In order to ensure every student's right to privacy, we are asking you to fill out and return this form IF YOU DO NOT want the District to publish and/or distribute any photograph or videotape in which your student appears. (This does not apply to yearbook photos or school newspapers published on the Internet.)

Denial of Consent to Release Student Information

(Please fill out and return this form to your student's school ONLY IF YOU DO NOT want the District to publish and/or distribute any photograph or videotape in which your student appears. This does not apply to yearbook photos or school newspapers published on the Internet.)

By signing below, I/we **do not** want the Mountain View-Los Altos Union High School District to publish a photograph in any District publication or distribute videotapes in which the above-named student appears, except for yearbook photos or school newspapers published on the Internet.

I/We understand that the Mountain View-Los Altos Union High School District attempts to obtain parental permission in advance of media contact with students whenever practicable. However, the District may not be able to obtain consent in the event of spontaneous or unplanned media presence on campus.

Parent Signature: _____ **Date:** _____

Student Name: _____

Health Form

Information will be kept in strict confidence between the Middle College office and persons concerned individually with your student. If this form is contrary to your belief, an exemption card must be on file in the office.

Date of last physical examination: _____

Date of last dental examination: _____

Has your student had a serious injury, illness, or surgery? _____ (Y/N)

If yes, approximate date: _____

Please provide a brief description:

Does your student have any medical problems which may interfere with regular school attendance or physical education? _____ (Y/N)

If yes, please describe the problem and limitations:

Does your student take medication on a regular basis? _____ (Y/N)

If yes, for each medication, please provide the name, reasons for taking it, and frequency:

Name allergies, or sensitivities, if any:

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Foothill Middle College Student Agreement

I understand that my commitment to Foothill Middle College is from the date I am accepted until graduation and I agree to:

Attend classes daily; parent or guardian to call regarding absences.

Be on time.

Work diligently during classes.

Devote a MINIMUM of two hours each day to homework and study.

Complete all graduation requirements.

Keep your parents informed of your academic progress.

Understand that you may be referred to another MVLAUHSD or PAUSD program if you do not maintain a 2.0 high school GPA and complete 7 units of Foothill College coursework per semester with a 2.0 GPA.

Behave in a positive manner that shows respect for yourself, your classmates and teachers, and the college facilities and equipment.

Maturely handle the freedoms and scheduling of attending college and understand that our experience on the college campus is a privilege.

Demonstrate the ability to make mature, independent choices, and accept responsibility for those choices.

Be able to make productive use of unscheduled time.

Acceptance of students with an IEP will be tentative pending the recommendation of their IEP team. Placement is an IEP team's decision. Special Education students must contact Special Education office either at the student's home school or at the District Office to schedule an IEP.

Understand that Foothill Middle College is an early "in to college," not an early "out of high school."

By signing this you are agreeing to the above terms and may be removed from the Foothill Middle College for not fulfilling this commitment.

Student Signature: _____ **Date:** _____

Foothill Middle College Parent Agreement

Note: this form should be read and signed by the parents/legal guardians currently involved in raising the student who is applying to Foothill Middle College.

Students are most successful in school when parents and students work together. All parents/legal guardians must agree to:

Ensure that the students has transportation so she/he will be on time each day.

Support regular attendance and call in an excuse on the day of any absence.

Understand that the commitment to Foothill Middle College is until graduation.

Expect and follow up on Progress Reports and Report Cards.

Understand that your student may be referred to another MVLAUHSD or PAUSD program if you do not maintain a 2.0 high school GPA and complete 7 units of Foothill College coursework per semester with a 2.0 GPA.

If possible, schedule family vacations/travel when school is not in session (NOTE: The FMC calendar combines the community college schedule and high school calendar. Please refer to it before making vacation/travel plans.)

Acceptance of students with an IEP will be tentative pending the recommendation of their IEP team. Placement is an IEP team's decision. Special Education students must contact Special Education office either at the student's home school or at the District Office to schedule an IEP.

Understand that Foothill Middle College is an early "in to college," not an early "out of high school."

By signing this you are agreeing to the above terms and may be removed from the Foothill Middle College for not fulfilling this commitment.

Parent Signature: _____ **Date:** _____

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