



Student Last Name: _____, First _____
Please Print
Teacher: _____ AM PM

**SILICON VALLEY CAREER TECHNICAL EDUCATION
STUDENT and PARENT AGREEMENT**

Please check that you and your son/daughter have read, understand, and agree to comply with the following SVCTE policies. Complete and return the following: the Student and Parent Agreement, the Student Emergency Information Form, the Participation Agreement, the Student Photo Release Form, the Network Use Agreement Form, the Student Insurance Waiver or Request Form, the E-Rate Survey Form, Student Parking Permit.

- Student and Parent Agreement (please return)
- Uniform Complaint Procedures (please read)
- Student Emergency Form (please return)
- Participation Agreement (please return)
- Student Photo Release Form (please return)
- Network Use Agreement – Signature Page (please return)
- Insurance Waiver or Request Form (please return)
- E-rate Survey (please return)
- Student Parking Permit (please return)
- 2018 – 2019 School Calendar (please read and keep)

Student's Name: _____
(Please Print)

Class: _____ AM _____ PM _____

Home School: _____

Student Signature: _____ Date: _____

Email Address: _____

Parent Signature: _____ Date: _____

Email Address: _____

The teacher will send all signed forms to the office to be placed in the student's files. A copy may be made and kept by the teacher for their records for reference.