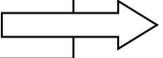




**Parent/Guardian Emergency Information**  
**(Please print) July, 2020**

PLEASE UPDATE  
STUDENT  
INFORMATION IF  
NECESSARY. 

**Student Name**  
**Home Phone:**  
**Student Cell:**  
**Student Email:**  
**Address:**  
**City, Zip Code:**

**Mother**

Mother's Name: \_\_\_\_\_

Relationship: • Parent • Guardian • Other (specify) \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Mother's E-mail address: \_\_\_\_\_

Mother's Mailing Address (Check one):

• Same as student's

• Different from student's

Mother's **different** address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Father**

Father's Name: Anne

Relationship: • Parent • Guardian • Other (specify) \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Father's E-mail address: \_\_\_\_\_

Father's Mailing Address: (Check one):

• Same as student's

• Different from student's

Father's **different** address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## ***Emergency Medical Treatment Authorization***

I authorize ECM staff to seek emergency treatment for:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

In case of emergency, school staff will try to contact the student's parent or guardian first, either at home or at work. List the names and telephone numbers of other people to contact if the parents cannot be reached in an emergency.

<b>Contact Name</b>	<b>Relationship</b>	<b>Type of Phone</b>	<b>Number</b>
1st _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cell Home Work	_____
2nd _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cell Home Work	_____
3rd _____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cell Home Work	_____



Student Name: \_\_\_\_\_

**Acknowledgement of Receipt of the MCC Acceptable Use Policy  
and Macomb Community College Rules and Regulations**

**Acknowledgement of non-filtered access to internet form**

By signing below, parents and students declare that they have received a copy of the Macomb Community College Acceptable Use Policy (rev. 2008) and the Macomb Community College Rules and Regulations (rev. 2008). Furthermore, by signing below, we (parent/student) acknowledge that we accept full responsibility for understanding and following the rules, policies and procedures set forth in the MCC Acceptable Use Policy (rev. 2008) and the MCC Rules and Regulations (rev. 2008). Failure to understand and/or adhere to any policy, rule or procedure set forth in said documents is our sole responsibility.

By signing below, parents and students also acknowledge that Macomb Community College DOES NOT utilize internet filtering technology and, thus, students have access to the internet without limitations or restrictions, as defined by the MCC Acceptable Use Policy (rev. 2008).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Picture, Audio and Video Taping, and Written Statements Release Form

Throughout the year, photographs, video/digital & audio recordings and written statements are taken of students for use in Early College of Macomb classes, the Early College of Macomb web page, community publications and advertising. Occasionally, students may be video/digital recorded and/or audio taped to document instructional practices, student performance issues, extra- or co-curricular events at ECM, or to allow the news media to cover such events.

Please sign below if you DO give permission for ECM to photograph, video/digital record or audio tape your child or publish his/her written statements.

---

Parent Signature

---

Date

---

Student Signature

---

Date

**OR**

Please sign below if you DO NOT give permission for ECM to photograph, video/digital record or audio tape your child or publish his/her written statements.

---

Parent Signature

---

Date

---

Student Signature

---

Date



Student Name: \_\_\_\_\_

## Emergency Medical Technician Release Form

Please sign one of the paragraphs below:

I **DO** authorize the certified first aid providers and licensed Emergency Medical Technicians of the Macomb Community College Department of Public Safety and/or the certified first aid provider and licensed Emergency Medical Technician of either the Early College of Macomb or Macomb Community College, to administer first aid and emergency medical treatment to my child and to perform whatever emergency procedures are deemed appropriate, in their professional judgment, under the provisions the parent/guardian has specified in the emergency medical treatment section of the enrollment form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**OR**

I **DO NOT** authorize the certified first aid providers and licensed Emergency Medical Technicians of the Macomb Community College Department of Public Safety and/or the certified first aid provider and licensed Emergency Medical Technician of either the Early College of Macomb or Macomb Community College, to administer first aid and emergency medical treatment to my child and to perform whatever emergency procedures are deemed appropriate, in their professional judgment, under the provisions the parent/guardian has specified in the emergency medical treatment section of the enrollment form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Declaration of Emergency Plan Form

Due to the unique structure and design of Early College of Macomb (ECM), students have individualized schedules with varying times of attendance in classes. Due to the fact that each ECM student may have a different daily schedule at various locations, it is imperative that parents and students discuss and develop an emergency action plan. The purpose of this plan is to ensure that each student and his or her family have an agreed upon emergency plan in case of an emergency, taking into account the plans of their home high school and Macomb Community College.

MCC provides an Emergency Procedure Manual and an Emergency Alert system for students and staff. Students will have the opportunity to sign up to receive text messages from the MCC Department of Public Safety if a major College emergency occurs. Additional information can be found at: <http://www.macomb.edu/emergency>.

By signing below, parents and students declare that they have discussed and developed an emergency plan for their students. Furthermore, by signing below, parents and students are declaring that they are responsible for implementing this plan, if needed.

---

Parent Signature

---

Date

---

Student Signature

---

Date



Student Name: \_\_\_\_\_

## Family Educational Rights and Privacy Act (FERPA)

The FERPA Release of Information Form must be signed by each ECM student, regardless of the student's age and co-signed by a parent, if student is under 18.

### Early College of Macomb and Macomb Community College

I, \_\_\_\_\_, give Early College of Macomb and Macomb  
(student name)

Community College staff and faculty permission to share any information contained in my MCC educational or non-educational records, including, but not limited to, attendance records, grades or any other information deemed essential by the Early College of Macomb (ECM) staff, faculty and administration. I understand that I am giving this permission pursuant to my rights under the Family Educational Rights and Privacy Act.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Student Name: \_\_\_\_\_

**Family Educational Rights and Privacy Act  
(FERPA)  
Notice for Directory Information**

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Early College of Macomb, with certain exceptions, obtains your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Early College of Macomb may disclose appropriately designated *directory information* without written consent, unless you have advised the school to the contrary in accordance with school procedures. The primary purpose of directory information is to allow the Early College of Macomb to include this type of information from your child's educational records in certain school publications. Examples include:

- The annual yearbook;
- Recognition lists; and
- Graduation programs.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, the District's yearbook publisher and data processor. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. <sup>1</sup>

If you **do not** want Early College of Macomb to disclose directory information from your child's education records without your prior written consent, you must notify Early College of Macomb in writing by completing the form below. Early College of Macomb has designated the information as directory information:

**Student's Name**  
**Photograph**  
**Degrees, Honors, and Awards Received**  
**Major Field of Study**

<b>Do not</b> release the following directory information without my consent to outside agencies or third parties, other than Macomb Community College.	<b>Do not</b> release the following directory information without my consent to <b>military recruiters</b> .
<b>Student's Name</b>	<b>Student's Name</b>
<b>Photograph</b>	<b>Student's Address</b>
<b>Degrees, Honors, and Awards Received</b>	<b>Student's Telephone Number</b>
<b>Major Field of Study</b>	
_____	_____
<b>Parent Signature</b> <b>Date</b>	<b>Parent Signature</b> <b>Date</b>

---

These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.

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# **Review of ECM Student Guidebook** **Acknowledgement**

**This form must be completed and returned  
to the Early College of Macomb at  
Summer Camp in July/August, 2020**

**You can review the Guidebook online at:  
[www.ecmacomb.misd.net](http://www.ecmacomb.misd.net)  
(Go to current students: Guidebook.)**

We have reviewed the *Early College of Macomb Student Guidebook*. We understand that it is our responsibility, as parent and student, to read and become familiar with the contents of this book, including, but not limited to, the sections on Student Absences, Student Discipline, General Conduct, Internet Acceptable Use Policy and MISD/MCC Policies.

Student's Name (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Home School District \_\_\_\_\_

Please Note: Both parent and student must sign. Thank you.

**Early College of Macomb**

**Internet Acceptable Use**  
**ACKNOWLEDGEMENT**

**Student Release**

In consideration for using a MISD supplied computer and having access to public networks, I release the MISD and MCC and their board members, employees, and agents from any claims and damages arising from my use, or inability to use the network/Internet. I recognize and accept that I may be subject to discipline for any inappropriate use of the network/Internet connection. I also hereby agree not to tamper with the network/filter settings on the MISD supplied computer, and agree to comply with Federal CIPA (Children’s Internet Protection Act) regulations.

\_\_\_\_\_  
Student Name  
(Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

**Parent Release**

I have read the ECM, MISD, and Macomb Community College Internet Use policies, as well as that of my child’s home school district. I give my permission for my child to use the MISD supplied computer and access of the Internet, and I understand that I will be liable for any and all misuse of the Internet perpetrated by my child. I hereby grant permission for my child to participate in the ECM/MCC’s Internet and Internet-based educational programs.

In consideration for using a computer supplied by the MISD, access to the Internet and/or email, and having access to public networks, I release the MISD and MCC and their board members, employees, and agents from any claims and damages arising from his/her use, or inability to use the network/Internet. I recognize and accept that he/she may be subject to discipline for any inappropriate use of the network/Internet connection. I also hereby agree that my child will not tamper with the network/filter settings on the MISD supplied computer, and agree to comply with Federal CIPA (Children’s Internet Protection Act) regulations.

\_\_\_\_\_  
Parent/Guardian Name  
(Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature