

# Summit Learning Charter - Early College Program

Student Handbook 2016 - 2017

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

College Attending: \_\_\_\_\_

This form **must** be completed and turned in prior to starting classes with the Summit Learning Charter, EC.

## **Contact Information** (Please put the best contact information for us to reach you all year)

*It is crucial that we have current contact information for all students. Please communicate ANY contact information changes immediately. If we are unable to reach you after repeated attempts over a two week period, you may be dropped from our program.*

### **Current Mailing Address:**

**Student Phone:**

**Student Email:**

**Parent/Guardian Name(s):**

**Parent/Guardian Phone(s):**

**Parent/Guardian Email(s):**

## **Email Release:**

Due to the nature of our program, we rely heavily on email communication. In order to promote school-wide communication and academic support to all of our students, we maintain an email directory. This is also necessary for joining our electronic student groups.

- I agree to allow my email address to be released to other students in Summit Learning Charter in order to promote school-wide communication.
- Please do not release my email address to other students. I understand that this will restrict my ability to participate in school-wide communication and electronic student groups for academic support.

## **Photo Release:**

At different points throughout the year, we may take pictures during student events, advising and other functions. This allows our students to become the face of our school. Please read the statement below.

- I grant to Summit Learning Charter, its representatives and employees the right to take photographs of me and my property for use in any and all of its publications including other media, whether now known or hereafter existing, controlled by Summit Learning Charter, in perpetuity, and for other use by Summit Learning Charter. I will make no monetary or other claim against Summit Learning Charter for the use of the interview and/or the photograph(s)/video. I authorize Summit Learning Charter, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Summit Learning Charter may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

I, \_\_\_\_\_, a student enrolled in Summit Learning Charter, EC agree to abide by the policies and conditions in the Summit Learning Charter Student Handbook. I understand that by not following these policies, I will be subject to the repercussions as outlined in the handbook. I also verify that the information provided here is accurate.

\_\_\_\_\_  
Student Full Name – Printed

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

\_\_\_\_\_  
Parent/Guardian Signature (if under the age of 18)

\_\_\_\_\_  
Date

\*\*If student is under the age of 18, both student and parent need to sign.