

# **Clark County Area Technology Center**

**2748 Boonesboro Avenue  
Winchester, KY 40391  
744-1250**

## **Student Handbook 2014-2015**



Education Cabinet  
Department for Workforce Investment  
Office of Career and Technical Education

# STUDENT HANDBOOK/FORMS

Principal's Message	3
Staff Directory	4
Non-Discrimination Compliance Policy	4
Mission, Vision and Goals of Area Technology Center	5
School Forms	

August 1, 2014

Dear Student:

Welcome to Clark County Area Technology Center!

The staff and I welcome you to our school. We are pleased that you have chosen us to provide you with technical training and academic education. Our year together will surely be a great one full of learning opportunities, work experiences, and challenging activities.

Our professional staff is committed to helping you succeed in your chosen career field. It is our desire to help you achieve your professional and personal goals. However, **your attitude, attendance and desire to learn are most important in reaching your goals.** Working together, we can prepare you for a successful transition into employment or postsecondary education. Your time here will be the first step toward preparation for your life's work.

The information in this handbook will help you become familiar with the policies and procedures of our school. Your teacher will review this handbook with you. After school today, please share this information with your parents/guardians. You will need their signature on many of the forms located in the back of this handbook. Please feel free to ask any questions of any staff and take advantage of the services we provide.

We wish you success in your training with us.

Cordially yours,

*Michael Kindred*

Michael Kindred, Principal  
Clark County Area Technology Center

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# Clark County Area Technology Center Staff Directory

Michael Kindred	Principal
Dianna Wiseman	Secretary
Tee Harrington	Maintenance
Kyle Sward	Automotive Teacher
Robert Barnes	Information Technology Teacher
Coy Hall	Welding Teacher
Jeff McKinney	Carpentry Teacher
Henry Carl	Integrated Engineering Teacher
Heather Abner	Health Science Teacher

## Non-Discrimination Compliance Policy

The Clark County Area Technology Center does not discriminate on the basis of race, color, national origin, sex, disability, age, marital status or religion in admission to vocational programs, activities and employment practices in accordance with Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 (revised 1992), and the Americans with Disabilities Act of 1990 and shall provide, upon request by qualified disabled individual, reasonable accommodations including auxiliary aids and service necessary to afford individuals with a disability an equal opportunity to participate. For more information, contact Michael Kindred at 2748 Boonesboro Road or by phone at 744-1250.

# STUDENT HANDBOOK

## MISSION OF CLARK COUNTY AREA TECHNOLOGY CENTER

**"To develop a versatile individual by providing  
Technical education and skills training in a safe environment"**

## VISION

With high expectations and strong partnerships, Kentucky Tech will actively engage all students in the mastery of academic and technical skills needed to be ready for college and a career.

### **We Believe:**

- Students learn best when they are actively engaged in the learning process.
- Students learn best when our staff maintains high expectation for learning.
- Students are motivated to learn when classroom instruction is related to real-world applications.
- All Students in our need to have an equal opportunity to learn.
- A safe and physical comfortable environment promotes student learning.
- Students learn best when instruction incorporates both academic and technical skills.
- Effective school leaders engage in practices that support the ongoing improvement of teaching and student performance.
- Teachers, administrators; parents and the community share the responsibility for helping students to learn.

## ACADEMIC PROBATION

When students fail to maintain a “C” in any course taken at the Area Technology Center, it will be left to the discretion of the area technology center Principal whether or not to reenroll students for advanced courses. Students may be reenrolled after parents, students, and high school administrators have agreed to a plan of action.

## ACCREDITATION

Clark County Area Technology Center is accredited by the Southern Association of Colleges and Schools, Council on Accreditation and School Improvement and the Commission on International and Trans-Regional Accreditation.

## APPROPRIATE DRESS

All students are expected to keep clothing neat and clean as well as practice sanitary habits. Students must dress in accordance with specific safety regulations established by the teacher in a given program. As career and technical classes may be hazardous, it is important that all safety precautions be taken which may include but not be limited to the following:

- ✓ Hard hats shall be worn where head protection is required.
- ✓ Safety glasses must be worn when operating any equipment and/or using chemicals that require eye protection.
- ✓ Shop clothing in heavy work areas such as welding shall be cleaned frequently.
- ✓ Hair length must be of a length that poses no safety hazard or must be contained under a head covering to insure safety.
- ✓ Loose and flowing clothing or dangling jewelry supported by loose chains, strings, or wires, which may become caught in machinery, should be avoided in shops equipped with moving or rotating power equipment.
- ✓ Clothing that adequately protects legs and arms must be worn in the industrial shops.
- ✓ Students will not be permitted to wear shorts or synthetic fabric clothing in the industrial shops.
- ✓ Students who operate equipment, which appears unsafe for use, should immediately inform the instructor.
- ✓ No student should disregard unsafe conditions nor create unsafe situations for self or others.  
**ANY STUDENT WHO CREATES AN UNSAFE ENVIRONMENT FOR STUDENTS OR STAFF WILL BE SUSPENDED.**
- ✓ Gloves and safety glasses must be worn by all health students when in direct contact with body fluids.
- ✓ School and/or program specific information will be furnished by each career and technical program teacher.

# Clark County Area Technology Center

## Forms

**Complete all forms and return to your teacher during the first week of school.**

# Clark County Area Technology Center

## Student Enrollment Application

### Student Information:

Student's Last Name First Name Middle Initial

Street Address City, State, and Zip

Home Phone Number Student's Cell Phone Student's E-mail Address

Student's School: \_\_\_\_\_

### Parent/Guardian Contact Information:

Parent/Guardian's Last Name First Name Middle Initial

Street Address City, State, and Zip

Home Phone Number Cell Phone Work Phone

E-Mail Address

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# Clark County Area Technology Center

## Student Medical Record & Insurance Verification

Student's Last Name

First Name

Middle Initial

### Emergency Contact Information:

Last Name

First Name

Middle Initial

Street Address

City, State, and Zip

Home Phone Number

Cell Phone

Work Phone

Alternate Phone

Relationship to Student

### Alternate Emergency Contact Information:

Last Name

First Name

Middle Initial

Street Address

City, State, and Zip

Home Phone Number

Cell Phone

Work Phone

Alternate Phone

Relationship to Student

### Insurance:

Each student enrolled at the school should have some type of insurance coverage in the event of an injury. Every precaution is taken to prevent injuries; however, accidents do happen occasionally. The state provides limited insurance coverage for students enrolled in the school.

Name of Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Do you have school insurance on the student?  Yes  No

If you have a state medical card, please provide the number: \_\_\_\_\_

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**Student Medical Record & Insurance Verification**  
**(Page 2)**

**Please identify any medical conditions or diseases below that the student has:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Allergies       | <input type="checkbox"/> High Blood Pressure   | <input type="checkbox"/> Must Wear a Brace          |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Must Wear a Hearing Aid    |
| <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Orthopedic            | <input type="checkbox"/> Must Wear Glasses/Contacts |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Physical Disabilities |   |
| <input type="checkbox"/> Dyslexia        | <input type="checkbox"/> Polio                 |   |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Rheumatic Fever       |   |
| <input type="checkbox"/> Hernia          |  |   |
| <input type="checkbox"/> Other: _____    |  |   |

Are you presently taking any medication?  Yes  No

If yes, please list: \_\_\_\_\_

List any allergies: \_\_\_\_\_

**If I am unconscious and my parent/legal guardian or spouse cannot be reached, I hereby give consent for the principal and/or teacher to do whatever is necessary to secure emergency medical care.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/legal guardian must sign if the student is a minor.**

# Clark County Area Technology Center

<b>Student – Media Information Release</b>
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To Whom It May Concern:

The Education Cabinet, Office of Career and Technical Education, Division of Public Relations, Clark County Area Technology Center has my permission to use my name, \_\_\_\_\_, and image (photo, video, digital, (Print Name) sketch, etc.) in any Cabinet-related or school-related public relations or public information materials for distribution or sale, and I release the Cabinet, its agencies and agents and assigns from any action at law taken as a result of use of name and or/my photograph.

**Student's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of parent or legal guardian required if student is under the age of 18.**

**Parents/Guardian's**

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

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# Clark County Area Technology Center

## Student Work – Copyright Release Form

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

Program: \_\_\_\_\_

In consideration for the opportunity to enroll in the above program, and for other valuable consideration, receipt of which is acknowledged, I hereby grant the Education Cabinet, Office of Career and Technical Education (the “Cabinet”), permission to use the copyrighted materials I create during the course of the above program (the “Work”). I am granting the Cabinet permission for non-exclusive rights to use the written work(s), image(s) and/or art object(s) created in this course for educational and promotional purposes. Such use may include incorporating my materials into an interactive media project and web-based instructional and promotional materials.

I irrevocably assign and transfer to the Cabinet, its successors and assigns all right, title, and interest in the Work and in the copyright thereon, together with the right to secure renewals, reissues, and extension of the copyright.

The Cabinet may revise and use the Work as it deems appropriate without further notice to or review or approval by me. I waive any and all statutory moral rights in the Work which I may have arising under 17 U.S.C. & 106(a), as well as any rights arising under any other federal, state, or foreign law that conveys any other type of moral right. I consent to the use of my name, likeness, voice, and biographical material in connection with the Work and any revisions.

I am the sole creator and owner of the Work and the copyright, and have the legal right and authority to grant this assignment and release. I have read this assignment and release, prior to its execution, and I am fully familiar with its contents.

I hereby certify and covenant that I am of legal age.

**A parent or legal guardian must sign for a minor.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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# **Clark County Area Technology Center**

<b>Records Inspection or Release</b>
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I hereby authorize school officials of the Clark County Area Technology Center to release or permit inspection of educational records and/or employment records. I understand that information released or inspected may include attendance, grades, competencies, personal traits and follow-up data on employment after completion of my technical training.

This information will be released or available for inspection only to appropriate personnel within the institution, officials of other institutions in which the student seeks to enroll, persons or organizations providing student financial aid, accrediting agencies carrying out their accreditation functions, prospective employers and persons in an emergency in order to protect the health or safety of students or other persons.

This information will be in compliance with the Family Educational Rights and Privacy Act of 1974. Questions concerning the Family Education Rights and Privacy Act may be referred to the Area Center Principal.

Student's Signature: \_\_\_\_\_

**Signature of Parent or Legal Guardian is required if student is less than 18 years of age.**

Parent/Guardian's Signature: \_\_\_\_\_

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# Clark County Area Technology Center

<p style="text-align: center;"><b>Internet and Electronic Mail User Agreement And Parent Permission Form</b></p>
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As a user of the Clark County Public Schools Computer Network, I hereby agree to comply with the school district internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I also understand that all materials stored on the school file servers are the property of the Clark County Public Schools.

In addition, I agree to abide by all rules set forth by the Clark County Area Technology Center.

**Student Signature:** \_\_\_\_\_

As the **parent or legal guardian** of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and the internet.

I understand that some materials on the internet may be objectionable; however, I accept responsibility for guidance on the internet use by setting and conveying standards for my child to follow when selecting, sharing, researching or exploring electronic information and media.

**Parents/Guardian's**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# Clark County Area Technology Center

## Non-Discrimination/Drug-Free Policies and Procedures

Each year the Clark County Area Technology Center notifies all technical education students and their parents or guardians about Non-Discrimination in technical education programs, services, and activities, and Clark County ATC's general policies and procedures concerning Alcohol, Drug Abuse, and Sexual Harassment Policy.

Please sign the blank below to indicate you have read and understand the Non-Discrimination Policy Statement, the Drug Free Policies and Procedures, and the Sexual Harassment Policy included in the **Student Handbook**. Please return the form to the school immediately as it becomes a part of the student's permanent record.

"I have read and understand the Non-Discrimination Policy Statement, the Drug Free Policies and Procedures, and the Sexual Harassment Policy Statement."

**Parents/Guardian's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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# Clark County Area Technology Center

## Acceptance of Rules and Regulations

As a student at Clark County Area Technology Center, I promise to apply myself to my fullest. I will treat all fellow students and faculty/staff with respect. I will, by my appearance and attitude, display myself as a worthy representative of the Clark County Area Technology Center.

By my signature, I certify that I have read the **Student Handbook** of the Clark County Area Technology Center. I also certify, by my signature, that I have received additional instructions on the following topics, and that I understand their importance and will comply by these policies and/or requirements.

Student Grievance Procedure  
Student Harassment Policy  
Non-Discrimination Policy  
Safety Program and Class Requirements  
Drug Free Policies and Procedure

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### Student Signature Section

I, \_\_\_\_\_, understand the instructions I have received in the areas listed above and agree to comply with all guidelines and regulations as presented to me. I was given time to ask questions about any of these issues, so I have complete understanding of what is expected.

Date received instruction: \_\_\_\_\_

### Parent Signature Section

I, \_\_\_\_\_, have read the Student Handbook. Special attention has been given to the issues mentioned above, and I understand them and agree to see that my child abides by these requirements.

Date I reviewed this material: \_\_\_\_\_

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# Clark County Area Technology Center

## Student Enrollment - Orientation

School Policies/Procedures:

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Principal's Message<br><input type="checkbox"/> 2. Staff Directory<br><input type="checkbox"/> 3. Non-Discrimination Compliance<br><input type="checkbox"/> 4. Mission, Vision and Goals of ATC<br><input type="checkbox"/> 5. Academic Probation<br><input type="checkbox"/> 6. Accreditation<br><input type="checkbox"/> 7. Appropriate Dress<br><input type="checkbox"/> 8. Attendance Policy<br><input type="checkbox"/> 9. Books and Supplies<br><input type="checkbox"/> 10. Bomb Threat Evacuation Procedures<br><input type="checkbox"/> 11. Carl D. Perkins Funds<br><input type="checkbox"/> 12. Certificates<br><input type="checkbox"/> 13. Check Out<br><br><input type="checkbox"/> 14. Cleanliness of Buildings, Restrooms, Grounds<br><input type="checkbox"/> 15. Conduct<br><input type="checkbox"/> 16. Course Syllabi<br><input type="checkbox"/> 17. Crime Awareness and Campus Security<br><input type="checkbox"/> 18. Discipline<br><input type="checkbox"/> 19. Driving and Parking Regulations<br><input type="checkbox"/> 20. Drug Free Policy<br><input type="checkbox"/> 21. Earthquake Procedures<br><input type="checkbox"/> 22. Field Trips<br><input type="checkbox"/> 23. Family Rights & Privacy Act<br><input type="checkbox"/> 24. Fire Drills<br><input type="checkbox"/> 25. First Aid Policy<br><input type="checkbox"/> 26. Grading System and Course Work Requirements<br><input type="checkbox"/> 27. Grievance Procedure | <input type="checkbox"/> 28. Hall Passes<br><input type="checkbox"/> 29. Hazardous Communication Plan<br><input type="checkbox"/> 30. Harassment Policy<br><input type="checkbox"/> 31. Insurance<br><input type="checkbox"/> 32. Medical Record<br><input type="checkbox"/> 33. Pagers and Other Electronic Devices<br><input type="checkbox"/> 34. Reward Activities<br><input type="checkbox"/> 35. Senior Plan<br><input type="checkbox"/> 36. Shop/Classroom Safety<br><input type="checkbox"/> 37. Smoking Policy/Use of Tobacco Products<br><input type="checkbox"/> 38. Students Organizations<br><input type="checkbox"/> 39. Suspension and Expulsion of Students<br><input type="checkbox"/> 40. Title VI, Title VII, Title IX, Section 504, and ADA<br><br><input type="checkbox"/> 41. Tornado Drill<br><input type="checkbox"/> 42. Visitors<br><input type="checkbox"/> 43. Weapons on Campus<br><input type="checkbox"/> 44. Work Orders<br><input type="checkbox"/> 45. School Forms:<br>Enrollment Application<br>Medical Record & Insurance Verification<br>Media Information Release<br>Copyright Release<br>Records Inspection or Release<br>Internet and Electronic Mail User Agreement<br>Non-Discrimination/Drug Free Policy<br>Acceptance of Rules and Regulations |
|--|---|

Please have all School Forms returned within five school days (one week).

I have been oriented by a school official on the above listed information and have received a copy of the Student Handbook, which includes the Harassment Policy, Student Grievance Procedure, Drug-Free Policy, Internet Usage Policy, and Weapons on Campus information. I understand the policies and procedures of this school and agree to abide by them

<b>Signature</b>	<b>Date</b>	<b>Program</b>

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