2026-2027 TEC Education Center: Student Enrollment Form

IDENTIFICATION INFORMATION ***Start Date:*** _____

Name _____ SS# _____

Address _____ DOB _____

_____ Male _____ Female _____

Home Phone _____ Cell Phone _____

Parent/Guardian Name _____

Address _____

Parent Email Address: _____

EDUCATIONAL INFORMATION

High School _____ City, State _____

Year Anticipated Graduation _____

High School Point of Contact _____

Address _____ Phone Number _____

_____ E-Mail Address _____

Do you plan to further your education? Yes____ No___

Educational Interest _____

Disability Accommodations (check all that apply)

_____Visual _____Auditory _____Seizures _____Ambulatory

_____Respiratory _____Stamina _____Addictions _____Phobias (explain)

_____

TEC may require, as part of the training program, students being involved in volunteer opportunities to learn necessary work skills. These opportunities may be at TEC or in other community sites. Specifically, neither TEC nor the contracting business will provide unemployment insurance, compensation or medical/vision benefits. _____ Initials

_____ _____

Student and/or Parent/Guardian Signature Date

_____ _____

Staff Signature & Title Date

Emergency Medical Information

Name_____ Start Date:_____

Address_____

_____

Phone _____

Emergency Contact

Name/Relationship_____

Address_____

_____

Phone (Number while child is in care) _____

Current Medications

Medication	Dosage (AM/PM)	Side Effects

Allergies_____

Clinical Information

Primary Diagnosis_____ Secondary Diagnosis_____

Medical Insurance (Card & Number)_____

Primary Care Physician_____

I, _____, give my consent to TEC and any area hospital to receive emergency medical treatment as deemed necessary by the attending physician. I understand that signing this consent form releases TEC of any additional responsibility or liability provided the above steps are followed in an emergency.

Parent/Guardian Signature: _____Date:_____

CONFIDENTIALITY POLICY

All records and or information received by TEC staff regarding any clients/students are to be considered confidential. By law, only those individuals and/or agencies that are named in a written release of information signed by the client and/or student/parent/guardian are permitted to have access to information about that client/student.

The following rules of confidentiality shall be adhered to regarding client/student information:

- All records shall be retained in accordance with any federal and state laws and regulations regarding the confidentiality of client/student identity and records.
- All records shall be kept in a locked file cabinet and shall not be left unattended when out of the cabinet.
- All disclosures of information require the written permission of the client and/or student/parent/guardian on a completed information release and the permission of the Executive Director.
- A copy of the consent shall be given to the client and/or student/parent/guardian a copy maintained in the service recipient's file.
- When consent is not required (e.g. Department of Public Welfare, Office of Vocational Rehabilitation, County Administrator, School District), the disclosure will be documented in the record and the client and/or student/parent/guardian informed of the disclosure.

_____ _____

Client/Student Signature Date

_____ _____

Parent/Guardian Signature Date

330 Central Avenue Washington, Pennsylvania 15301
724-225-3535 Fax: 724-225-5085

Student Photo Release

I, _____ (parent/guardian), give my consent to TEC Education Center to photograph my child, _____.

(Print Student's name)

_____ _____

Parent/Guardian Name (printed) **Date**

_____ _____

Parent/Guardian Signature **Date**

330 Central Avenue Washington, Pennsylvania 15301
724-225-3535 Fax: 724-225-5085

CONSENT TO EXCHANGE INFORMATION

Date of Birth: _____
Social Security #: _____

I, _____, hereby give my consent to allow Transitional Employment
(Client or person authorized to consent for client)
Consultants (TEC) /TEC Education Center to exchange information with _____
(Home School District)
regarding demographic, vocational and financial information.

The above information will be exchanged for the following purposes only, and any other use is forbidden: vocational evaluation, obtaining and maintaining employment.

Information gathered and received by TEC regarding any client is strictly confidential. By law, only people or entities that are named on this consent form and signed by the client are permitted to have access to information about the client.

This consent is valid for the **2026-2027 School Year**, unless rescinded by my written request. I do understand the nature of this consent and freely give my authorization.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

TEC
Representative: _____ Date: _____

Expiration Date: _____

_____ Client accepted/requested a copy of this Consent to Exchange Information
_____ Client rejected a copy of this Consent to Exchange Information

330 Central Avenue
Washington, PA 15301
Phone: 724-225-3535
Fax: 724-225-5085

CONSENT TO EXCHANGE INFORMATION

Date of Birth: _____
Social Security #: _____

I, _____, hereby give my consent to allow TEC Education
(Client or person authorized to consent for client)
Center/Transitional Employment Consultants (TEC) to exchange information with _____
(Community Volunteer Site(s)
regarding demographic, and vocational information.

The above information will be exchanged for the following purposes only, and any other use is forbidden: vocational evaluation, obtaining and maintaining employment.

Information gathered and received by TEC regarding any client is strictly confidential. By law, only people or entities that are named on this consent form and signed by the client are permitted to have access to information about the client.

This consent is valid for the **2026-2027 School Year**, unless rescinded by my written request. I do understand the nature of this consent and freely give my authorization.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

TEC
Representative: _____ Date: _____

Expiration Date: _____

_____ Client accepted/requested a copy of this Consent to Exchange Information
_____ Client rejected a copy of this Consent to Exchange Information

330 Central Avenue
Washington, PA 15301
Phone: 724-225-3535
Fax: 724-225-5085

CONSENT TO EXCHANGE INFORMATION

Date of Birth: _____
Social Security #: _____

I, _____, hereby give my consent to allow TEC Education Center/
(Client or person authorized to consent for client)
Transitional Employment Consultants (TEC) to exchange information with **Washington County OVR Office Staff and/or Counselors** (OVR Office)
regarding demographic, educational, vocational and financial information.

The above information will be exchanged for the following purposes only, and any other use is forbidden: vocational evaluation, obtaining and maintaining employment.

Information gathered and received by TEC regarding any client is strictly confidential. By law, only people or entities that are named on this consent form and signed by the client are permitted to have access to information about the client.

This consent is valid for the **2026-2027 School Year**, unless rescinded by my written request. I do understand the nature of this consent and freely give my authorization.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

TEC
Representative: _____ Date: _____

Expiration Date: _____

_____ Client accepted/requested a copy of this Consent to Exchange Information
_____ Client rejected a copy of this Consent to Exchange Information

330 Central Avenue
Washington, PA 15301
Phone: 724-225-3535
Fax: 724-225-5085

CONSENT TO EXCHANGE INFORMATION

Date of Birth: _____
Social Security #: _____

I, _____, hereby give my consent to allow TEC Education Center/
(Client or person authorized to consent for client)
Transitional Employment Consultants (TEC) to exchange information with _____.
(Service Coordinator)
regarding demographic, educational, vocational and financial information.

The above information will be exchanged for the following purposes only, and any other use is forbidden: vocational evaluation, obtaining and maintaining employment.

Information gathered and received by TEC regarding any client is strictly confidential. By law, only people or entities that are named on this consent form and signed by the client are permitted to have access to information about the client.

This consent is valid for the **2026-2027 School Year**, unless rescinded by my written request. I do understand the nature of this consent and freely give my authorization.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

TEC
Representative: _____ Date: _____

Expiration Date: _____

_____ Client accepted/requested a copy of this Consent to Exchange Information
_____ Client rejected a copy of this Consent to Exchange Information

330 Central Avenue
Washington, PA 15301
Phone: 724-225-3535
Fax: 724-225-5085

CONSENT TO EXCHANGE INFORMATION

Date of Birth: _____
Social Security #: _____

I, _____, hereby give my consent to allow TEC Education Center/
(Client or person authorized to consent for client)
Transitional Employment Consultants (TEC) to exchange information with _____.
(Other: _____)
regarding demographic, educational, vocational and financial information.

The above information will be exchanged for the following purposes only, and any other use is forbidden: vocational evaluation, obtaining and maintaining employment.

Information gathered and received by TEC regarding any client is strictly confidential. By law, only people or entities that are named on this consent form and signed by the client are permitted to have access to information about the client.

This consent is valid for the **2026-2027 School Year**, unless rescinded by my written request. I do understand the nature of this consent and freely give my authorization.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

TEC
Representative: _____ Date: _____

Expiration Date: _____

_____ Client accepted/requested a copy of this Consent to Exchange Information
_____ Client rejected a copy of this Consent to Exchange Information