

# OZARKS TECHNICAL COMMUNITY COLLEGE

## FastTrack - High School Permission Form

Please complete all the information requested below and bring this form with you when enrolling for college credit courses.

Legal Name                      First    Last    MI

OTC ID or Social Security Number

Name of High School

Graduation Year

I am requesting to enroll in the following course(s):

The high school  
district is  
responsible for  
payment of this  
course

Course Code	Course Number	Course Section	Course Title	Days	Times	Credit Hours	YES	NO

Semester:     Fall     Spring    \_\_\_\_\_ Year

Student Signature

Date

Parent/Guardian's Signature

Date

Principal/Counselor Signature

Date

For Office Use Only	
<p>ACT: ___ Reading ___ English ___ Math ___ Science</p>	<p>Processed by and date:</p>

# OZARKS TECHNICAL COMMUNITY COLLEGE

## PARENT/GUARDIAN & STUDENT CONSENT/RELEASE FORM

Student Name: \_\_\_\_\_ OTC Student ID or SSN: \_\_\_\_\_  
(Please Print)

### STUDENT INDEPENDENCE

The Ozark Technical Community College (“OTC”) FAST-track dual enrollment (“Program”) in Springfield, Missouri, with satellite locations in Ozark, Lebanon, Waynesville, and Hollister, Missouri, shall provide dual enrollment course opportunities through the Program at a designated campus or education center for students. During the course of the Program, a student participating in the Program will be on and around the OTC campus without direct supervision from employees of the sending high school district (“District”) or OTC. The above student (“Student”) in the Program will be referred to as an adult college student and he/she will have the ability to come and go on campus independently and without daily parental consent.

### PERMISSION TO PARTICIPATE

I hereby give my permission for the Student to participate fully and without limitations in all aspects of the Program and understand and agree that while engaged in the Program, the Student will be required to abide by, and will be subject to, all Program, OTC, and District rules and policies. Depending on the selected course, the Student may operate power tools, machinery or other highly specialized equipment associated with meeting course objectives or assignments under the direction of their instructor or supervision of an OTC employee. I understand that the Program shall include activities taking place on the campus of OTC and involve transportation to and from the OTC campus and other places. Student assumes any and all risks associated with these activities including, but not limited to, falls, personal injury, collision with other persons, the effects of weather, including high heat and/or humidity, and motor vehicle transportation, all such risks being known and appreciated by Student.

### STUDENT NOTIFICATION AND SAFETY

OTC is an open enrollment college. OTC does not discriminate against applicants. Persons with a criminal background may be attending classes on our campus. Students on a college campus encounter various types of people from all ages. Parents are encouraged to discuss their expectations for appropriate conduct with older students on campus with Student. Student will need to be mature enough to make good decisions about the people he/she may encounter on a college campus and practice safe habits.

### STUDENT HEALTH

A Student’s health is a priority; however, OTC does not offer health services to students on campus. Therefore, any health issue, sickness, or medication must be addressed by the individual Student and his/her family as needed. In the event it is necessary for the Student to have medical treatment while participating in the Program, an emergency provider will be contacted. OTC accepts no liability or responsibility for the medical/health services rendered or payment thereof.

### MEDIA RELEASE

OTC is an open campus and media is often a part of the college environment that we embrace, and our students may be included in promotional materials about our programs. I hereby consent to allow the Student to be interviewed, photographed or videotaped for television, radio, newspaper, and other promotional and educational purposes, including but not limited to the academic and technical education classes, campus resources, and other related programs. Furthermore, I hereby grant to OTC its affiliates, legal representatives, and assigns, its agents, and others working for it or on its behalf, and their respective licensees, successors, and permitted assigns, the unlimited and irrevocable right and license to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, make commercial use of and otherwise exploit Student’s name, image, voice, likeness and/or video footage in any form, format or media publication or materials (the “Images”) relating to or serving the mission and goals of OTC including advertisements, brochures, or other promotional materials. The Images may be used with or without Student’s name, and in any and all media now or hereafter known. I acknowledge and agree that OTC owns all right, title, and interest in and to the Images, including all copyrights therein and the full and unrestricted right to edit and modify the Images, and I hereby assign and agree to assign any such interest that Student may own or control to OTC. I also consent to the use of any printed matter in conjunction with the Images. I hereby waive any right I may have to inspect or approve the Images or any finished product or products incorporating the Images and any written or other print material that may be used in connection therewith, including print material containing Student’s name.

# OZARKS TECHNICAL COMMUNITY COLLEGE

## EDUCATIONAL RECORDS

I hereby authorize and consent to the disclosure of Student's educational records between OTC and District. The Student's educational records that may be disclosed from OTC to District or from the District to OTC include but are not limited to grades, attendance, discipline, scheduling, health, IEP/504's, progress reports, and anecdotal information as needed. I understand that the Student's grades earned through college classes will be reported to the District and may be a component of graduation requirements. I understand that this consent concerning the disclosure of educational records remains effective during the course of the Program and for one year thereafter, unless I revoke my consent in writing.

## FERPA DISCLOSURE

I hereby authorize and consent to the disclosure of educational records between OTC and the High School District as well as with the individual(s) identified below. This includes any information contained in my educational, academic, and student financial records held by OTC. This includes but is not limited to grades, registration, academic standing, and information related to payment. Verbal access only will be granted to the following individual(s) once appropriate identification has been verified. Written, printed or photocopied materials will not be provided. This release does not cover Counseling Services, Disciplinary, Behavioral Intervention Team or Disability Support records.

## PROGRAM TUITION, FEES & BILLING

I understand that any and all fees for the Program not covered by the District will be the Student's responsibility and the responsibility of the parent/legal guardian of the Student. OTC must receive payment in full by the published deadline date each semester. In the event an outstanding account balance remains unpaid following the deadlines established by OTC, the Student's class schedule will be cancelled. In the event of Student's withdrawal before classes begin, full refunds will be made of paid amounts only. In the event of Student withdrawal or non-attendance after classes have started for the semester, no refunds will be made.

OTC does not mail tuition bills. OTC tuition bills are available online at the OTC student QuikPay account. Tuition and fees may be paid 24/7 online thru QuikPay or in person at any OTC location. **Parents/legal guardians are financially responsible for full payment of the student account balance due.** All delinquent account balances will be assessed up to 35% collection charges and will be reported to appropriate collection agencies and the Missouri Department of Revenue.

## RELEASE AND INDEMNITY

In consideration of Student being permitted to participate in the Program, I hereby release, waive, forever discharge, and covenant not to sue OTC, its governing board, officers, agents, employees, and any students acting as employees, from and against all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which I or Student may have or which may hereafter accrue to me or Student, arising out of or relating to any loss, damage, or injury that may be sustained by me or Student or by any property belonging to me or Student, whether caused by the negligence or carelessness of any officer, agent, employee, any student acting as an employee, and/or the governing board of OTC or otherwise, while I or Student am in, on, upon, or in transit to or from the premises where the Program, or any adjunct to the Program, occurs or is being conducted. **This is a voluntary release for any and all future injuries or accidents.** I am signing this Parent/Guardian & Student Consent/Release Form in full recognition and appreciation of the dangers, hazards, and risks of the Program, and which could include serious or even mortal injuries and property damage.

**In signing this Parent/Guardian & Student Consent/Release Form, I acknowledge and represent that I have fully informed myself of the content of this Parent/Guardian & Student Consent/Release Form by reading it before I sign it, that I understand what it means, and that I sign this document as my free act and deed. It is my express intent that this Parent/Guardian & Student Consent/Release Form shall be binding upon me and my family, spouse, estate, heirs, administrators, personal representatives, and assigns.**

Student Name \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Signature

Parent/Guardian Name \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Signature

Witness Name (18 or older) \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Signature