

WELCOME TO TEENTECH!

TeenTech empowers high school students with tools and abilities to succeed in a tech-centric world. Our goal is to help you get started on a career in technology. We achieve this by providing mentoring as you work through industry recognized Microsoft Certifications. We encourage our students to also pursue post-secondary education, hopefully in a technology related study. When you start your college career after attending Computer Mentors, you will already have college credits!

At the start you will begin working towards a Microsoft Technology Associate certification in Windows Operating System Fundamentals. Once achieved, you will move on to either our Development path (HTML5 Web Applications, Software Development in C#) or our Infrastructure path (Windows Server, Windows Fundamentals, Network, Security, Cloud, Database).

Each Technology Associate certification gives you points! Each point is worth \$1 which can be used to buy cool tech gear at BestBuy.com. The more certifications you achieve, the more points you get to spend! Students receive incentives such as laptops, gaming consoles, phones, tablets, and more! Are you ready to start?

Next step: Fill out all fields in the attached form and bring it to an orientation!
Orientations run alongside class times: <http://computermentors.org/calendar>

Need more info?

Nyjel Dukes
TeenTech Program Manager
ndukes@computermentors.org
Office: 813-236-1191

Student Information – All Information Is Confidential

First Name: _____ Last Name: _____

Birth Date: (mm/dd/yyyy) _____ Gender: M F

School: _____ Student Lunch #: _____

Current Grade: 7 8 9 10 11 12

Student Email Address: _____

Student Cell Phone: _____

Ethnicity: Hispanic or Latin origins? Yes No

Race:

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan Native and Black | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> Refused |

Emergency Contact Information

Name: _____ Phone: _____

Relationship to Student: _____

I, the undersigned, attest that the information contained within this application is true to the best of my knowledge. I have read the authorizations and release of liability statements on the back of this form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Family Information Form – All Information Is Confidential

Parent/Guardian Names: _____

Student Address: _____

_____ City/Zip: _____

Relationship to Student: _____

Parent Cell Phone: _____

Parent E-mail: _____

My residence is within the City of Tampa City limits? Yes No

Annual Household Income: \$ _____

Free or Reduced Lunch? Free Reduced Full Price Does Not Apply

Total in Household: _____

Number of Adults in Home: _____

Number of Children under Age 5: _____

Number of Children Ages 6 to 13: _____

Number of Children Ages 14 to 18: _____

Highest Level of Education in Household:

Some or No High School Technical Certificate

High School Diploma/GED Associate's Degree

Some College Advanced Degree

Bachelor's Degree Refused

Household Structure:

Female (Single) Head of Household

Male (Single) Head of Household

Other Relative/Kinship Care

Dual 2 Parent Household

Dual 2 Other-Relatives/Kinship

Other

Refused

Does the student have his/her own personal computer? Yes No

Is there Internet connection in the home? Yes No

How Did You Hear About This Program?

- Other Student or Parent
- CMG Staff
- Newspaper/TV/Radio
- School District
- Court System
- Other _____

I, the undersigned, attest that the information contained within this application is true to the best of my knowledge. I have read the authorizations and release of liability statements on the back of this form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Parent Signature: _____ Date: _____

Bill of Student Rights & Responsibilities

Student Responsibilities

Responsible behavior in the Teen Tech High School Program by each student is the only way in which the rights set forth in this document can be preserved. Violation of responsibilities may lead, in accordance with the Discipline Code, to disciplinary measures.

Students have a responsibility to:

1. Attend regularly and punctually and to inform staff if unable to attend. Missing 3 or more classes withdraws you from the program and you may be placed on a waitlist to register again.
2. Be prepared for the program with appropriate materials and properly maintain CMG equipment;
3. Follow program regulations regarding entering and leaving CMG building and property;
4. Help maintain an environment free of weapons, illegal drugs, controlled substances and alcohol;
5. Behave in a manner that contributes to a safe learning environment and which does not violate other students' right to learn;
6. Show respect for CMG property and respect the property of others, both private and public;
7. Be polite, courteous and respectful toward others regardless of actual or perceived age, race, creed, color, gender, gender identity, gender expression, religion, national origin, citizenship/immigration status, sexual orientation, physical and/or emotional condition, disability, marital status and political beliefs, and refrain from making slurs based on these criteria;
8. Promote good human relations and build bridges of understanding among the members of the CMG community;
9. Use non-confrontational methods to resolve conflicts;
10. Refrain from obscene and defamatory communication in speech, writing and other modes of expression in their interactions with the CMG community;
11. Adhere to the guidelines established for dress and activities on CMG property and in assigned training environments;
12. Provide leadership to encourage fellow students to follow established CMG policies and practices;
13. Keep parents informed of CMG-related matters, including progress in the youth program, social and educational events, and ensure that parents receive communications that are provided by staff to students for transmittal to their parents.

The Right to Due Process

Every student has the right to be treated fairly in accordance with the rights set forth in this document.

Students have the right to:

1. Be provided with the Discipline Code and Bill of Rights;
2. Know what is appropriate behavior and what behaviors may result in disciplinary actions;
3. Be counseled by members of the professional staff in matters related to their behavior as it affects their education and welfare within the Teen Tech High School Program;
4. Know possible dispositions and outcomes for specific offenses
5. Receive written notice of the reasons for disciplinary action taken against them in a timely fashion;
6. Due process of law in instances of disciplinary action for alleged violations of program regulations for which they may be suspended or removed from by the CMG Executive Director, Program Manager, or any other assigned authority;
7. Know the procedures for appealing the actions and decisions of CMG management with respect to their rights and responsibilities as set forth in this document;
8. Be accompanied by a parent/adult in parental relationship and/or representative at conferences and hearings;
9. The presence of program staff in situations where there may be police involvement.

Discipline Code

First Offense

The Teen Tech High School Program staff will hold a conference with the student to provide clarification of the program's purpose and the student's rights and responsibilities. Program staff will also document this infraction with the Program Director.

Second Offense

The Teen Tech High School Program Director will contact a parent or guardian to inform him/her about the student's non-compliance with the program guidelines. At this time, the Program Director will also hold a conference with the student, and document the discussion.

Third Offense

The Program Director will use their discretion to determine if the program is a good fit for the student, and decide on withdrawing the student.

Student Signature

I have received a copy of the Student Rights and Responsibilities and Discipline Code, and understand this contract. I agree to follow the rules of behavior.

Student Name: _____ Date: _____

Student Signature: _____

Parent Signature

I have received a copy of the Discipline Code and Bill of Student Rights and Responsibilities. I will support its implementation and wholly understand the behavior that is required of my child.

I agree to help my child follow this agreement by:

- Encouraging my child to be a respectful and peaceful member of the program and its community
- Discussing the contents of the Bill of Student Rights and Responsibilities with my child
- Participating in any discussions and decisions concerning my child's education
- Attending scheduled appointments with program staff
- Providing the program with current telephone numbers and emergency contact information

Parent Signature: _____ Date: _____

**Hold Harmless Agreement between Computer Mentors Group, Inc.
and:**

Student Name _____

Parent/Guardian _____

**Physical
Address
(No PO Box)** _____

City/State/Zip _____

Phone Number _____

I, (PARENT NAME) _____, grant the above named student permission to participate in the Teen Tech High School Program provided by Computer Mentors Group, Inc. I understand that my student will be provided free computer training. I understand and accept that my student's participation in this Program is required in order for him/her to be provided with agreed upon incentives throughout the computer training. These incentives are contingent upon his/her compliance with all of the rules, policies, and attendance guidelines. I further understand that my student's failure to comply with stated rules and regulations may result in his/her forfeiture of the said incentives throughout the program.

In consideration of permission for my student's participation in the Teen Tech High School Program, I do hereby release and discharge Computer Mentors Group, Inc., its agents, officers, and employees from any and all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not limited to, all liability for property damages and personal injury of every kind as part of said program. I agree to indemnify and hold harmless Computer Mentors Group, Inc., Teen Tech High School Program, Board members, officers, employees and volunteers from any claims, liability, loss or expense, including reasonable attorney's fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my student's enrollment and participation in the Teen Tech High School Program.

I understand that this hold harmless agreement also requires that Computer Mentors Group, Inc. is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person participating in the Teen Tech High School Program herein referred to.

DATED this _____ day of _____, 20_____.

Parent Name: _____ (Please Print)

Parent Signature: _____ Date: _____

Parent/Guardian Consent to Services and Release of Information

Computer Mentors Group, Inc. is a not-for-profit agency dedicated to implementing positive programs in our community including the Teen Tech High School Program. Participation in the program is voluntary and all services provided following receipt of the one-time orientation fee are free.

To ensure that the program delivers excellent services to all students we will regularly be collecting information. Information to be collected includes, but is not limited to school records, including grades, standardized test scores, and school attendance records. Students and parents/caregivers may also be given surveys. These forms of information are required for all students so that the program can perform at its best and grade its achievements. Further, on a voluntary basis some students will be interviewed about their views on the Teen Tech High School Program.

Computer Mentors takes your privacy very seriously. Per our funders and/or grantors, Computer Mentors remains compliant by not disclosing student demographic information without a written request.

I, the legal parent or guardian of (STUDENT NAME) _____,
give permission for his or her participation in the Teen Tech High School Program.

I fully understand that my student must satisfy behavior and attendance requirements to remain in the program and receive any student incentives.

I further grant permission for the release of student information about my child by the Hillsborough County Public Schools to the Computer Mentors Group, Inc. for the Teen Tech High School Program.

Parent Signature: _____ Date: _____

Student Assent to Services and Release of Information

Computer Mentors Group, Inc. is a not-for-profit agency dedicated to implementing positive programs in our community including the Teen Tech High School Program. Participation in the program is voluntary and all services provided following receipt of the one-time orientation fee are free.

To ensure that the program delivers excellent services to all students we will regularly be collecting information. Information to be collected includes, but is not limited to school records, including grades, standardized test scores, and school attendance records. Students and parents/caregivers may also be given surveys. These forms of information are required for all students so that the program can perform at its best and grade its achievements. Further, on a voluntary basis some students will be interviewed about their views on the Teen Tech High School Program.

Computer Mentors takes your privacy very seriously. Per our funders and/or grantors, Computer Mentors remains compliant by not disclosing student demographic information without a written request.

I, (STUDENT NAME) _____, have decided to participate in the Teen Tech High School Program.

I fully understand that I must satisfy behavior and attendance requirements to remain in the program and receive any student incentives.

I further grant permission for the release of my student information by the Hillsborough County Public Schools to the Computer Mentors Group, Inc. for the Teen Tech High School Program.

Student Signature: _____ Date: _____

Photography Consent Form / Release

I, (PARENT NAME) _____, parent or official guardian of (STUDENT NAME) _____, hereby grant permission to Computer Mentors Group Inc. to take and use photographs and/or digital images for use in news releases and/or educational materials. These materials might include printed or electronic publications, websites or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Computer Mentors Group, Inc.

Parent Signature: _____ Date: _____

Physical Address: _____ City/Zip: _____

Medical Release Form

I, (Parent/Guardian Name) _____ of (Student) _____

Agree that:

1. The above named student has my permission to participate in all educational fieldtrips during the summer and evening programs, as approved by the program director and Executive Director.
2. I agree to release Computer Mentors Group, Inc. and its representatives from any claim for personal injury or damages resulting from my student's participation in educational field trip activities.
3. I understand the activity and give my permission to my child's participation.
4. I give permission for my child to travel by the means of a licensed and bonded professional transportation service.
5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:

Physical problems or limitations _____

Current Medication _____

Drugs or other allergies _____

Name and phone # of physician _____

Name and phone # where I may be reached _____

Student's medical/liability insurance provider _____

As the parent or legal guardian of the above named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT COMPUTER MENTORS GROUP, INC. AND THEIR REPRESENTATIVES ARE RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE FIELD TRIP ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

(Parent or Guardian Signature)

(Date)