

Office Use Only:  
Date Received at LACC: \_\_\_\_\_  
LACC ID # \_\_\_\_\_

Livingston Area Career Center  
Student Enrollment Application  
2024-2025

Application due to LACC by 2/29/2024

**Please PRINT clearly when filling out this entire application; we MUST be able to read your information. A completed application must be signed by the parent or guardian and the guidance counselor. *PLEASE COMPLETE AND SIGN ALL PAGES ATTACHED.***

Student Full Name \_\_\_\_\_  
Home High School \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender M\_\_\_\_ F\_\_\_\_ Current Grade Level \_\_\_\_\_ Graduation Year \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Student Cell Number \_\_\_\_\_ Student Home E-mail Address \_\_\_\_\_

**Contact Information:**

FATHER'S NAME OR GUARDIAN: \_\_\_\_\_  
If guardian, please indicate relationship to the student: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home E-mail Address \_\_\_\_\_

MOTHER'S NAME OR GUARDIAN: \_\_\_\_\_  
If guardian, please indicate relationship to the student: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home E-mail Address \_\_\_\_\_

EMERGENCY CONTACT: List person to contact if NEITHER PARENT is available:

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

I give permission for my student to attend the Livingston Area Career Center for the 2024-25 school year.

**X** \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
DATE

## PROGRAM SELECTION

Please circle "1" for your first choice, and "2" for your second choice. **If you wish to enroll in two classes, please circle the "1" for both choices.** For 2<sup>nd</sup> year programs, you must successfully complete the 1<sup>st</sup> year program. (Section times and course offerings will depend on enrollment numbers.)

CIRCLE CHOICES		COURSE NAMES	(OFFICE USE ONLY)	
1	2	Automotive & Diesel Technology I	___ 828	___ 829
1	2	Automotive & Diesel Technology II	___ 830	___ 831
1	2	Certified Nurse Assistant (C.N.A.)	___ 870	___ 871
1	2	Computer Maintenance I	___ 860	___ 807
1	2	Computer Maintenance II	___ 808	___ 809
1	2	Construction Trades I	___ 800	___ 801
1	2	Construction Trades II	___ 802	___ 803
1	2	Criminal Justice I	___ 872	___ 873
1	2	Criminal Justice II	___ 874	___ 875
1	2	Culinary Arts I	___ 890	___ 891
1	2	Culinary Arts II	___ 892	___ 893
1	2	Cyber Security/Networking I	___ 810	___ 811
1	2	Cyber Security/Networking II	___ 812	___ 813
1	2	Digital Media/Graphics I	___ 856	___ 857
1	2	Digital Media/Graphics II	___ 858	___ 859
1	2	Early Childhood Education I	___ 880	___ 881
1	2	Early Childhood Education II	___ 882	___ 883
1	2	EMT/Emergency Medical Technician *	___ 864	___ 865
1	2	Engineering/Architectural Design I	___ 814	___ 815
1	2	Engineering/Architectural Design II	___ 816	___ 817
1	2	Fire-Fighting I	___ 860	___ 861
1	2	Fire-Fighting II	___ 862	___ 863
1	2	Medical Terminology & Health Careers	___ 866	___ 867
1	2	Welding I	___ 850	___ 851
1	2	Welding II	___ 852	___ 853
1	2	Work Study (12 <sup>th</sup> grade only)	___ 920	___ 921

\*Student must be 18 years of age within 90 days of the completion date of the course in order to take the state certification test.\*

Many of our programs have the opportunity for free college credit at the discretion of the colleges. Your signature here will indicate that you do want your student to be enrolled in dual credit if available. You must provide your student's social security number for this process. **This will be used for enrollment purposes only.**

**X** \_\_\_\_\_  
**PARENT SIGNATURE**

**X** \_\_\_\_\_  
**STUDENT SOCIAL SECURITY NUMBER**

**Counselor Section: Your guidance counselor must fill out this section:**

Check if the student will be Pass/Fail Only \_\_\_\_\_

Check and indicate if student has an IEP \_\_\_\_\_ or 504 Plan \_\_\_\_\_ (If checked, we will need copies by May 17, 2024.)

Has the student lost any computer privileges in their home school? (Please circle) YES NO

*The participating district has approved the enrollment of this student at the Livingston Area Career Center.*

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Livingston Area Career Center (LACC)  
1100 Indiana Avenue  
Pontiac, IL 61764**

**PROGRAM PARTICIPATION AND RELEASE FORM  
2024-2025**

Dear Parents: The following are statements that require your reading and signature. Your signature at the bottom gives permission for all of the statements.

1. **Release of Basic Student Registration-Medical Information:** If your child is a regular bus rider, or if your child rides a bus for field trips, it is sometimes necessary to have basic information such as addresses, parent/guardian information, phone numbers, and emergency numbers so parents/guardians can be contacted if medical attention is needed. It may also be necessary to share confidential health information with the school staff who have responsibility for the student when in school or participating in school activities. The information shared with the staff will be what is minimally necessary to ensure the health and well being of the student.
2. **Emergency Medical Treatment:** The director or designated representative of LACC is authorized to secure medical care and automobile or ambulance transport to the nearest hospital that provides emergency medical services when you cannot be immediately reached.
3. **Photo Release:** LACC sometimes allows coverage of activities and events. I/We give permission for our child's picture/video and/or names to be used in positive informational news coverage and educational purposes. However, I do understand that the LACC website, Facebook, and/or Twitter will NOT display a student picture along with a name to identify the picture.
4. **Field Trips:** Classes take field trips, community-based walks and in-district trips as part of the curriculum. I/We give permission for our child to leave school grounds for these activities.
5. **Internships:** The internship program involves students leaving their classroom/shop several times a week to go into a real work setting. This can range anywhere from simply observing, all the way to hands on work. This is used to introduce students to businesses and even more training outside of the classroom.
6. **Student Award/Honor Information:** LACC from time to time announces listings of students receiving awards and honors. I/We give permission for our child's name to be released for the purpose of identifying students who excel.
7. **Internet Use:** I have read the AUTHORIZATION FOR INTERNET ACCESS attached. I understand that internet access is designed for educational purposes and Livingston Area Career Center and Pontiac Twp. High School District 90 have taken precautions to eliminate controversial material. However, I also recognize it is impossible for LACC/PTHS to restrict access to all controversial and inappropriate materials. I will hold harmless LACC/PTHS, its employees, agents, and board members, for any harm caused by materials or software obtained via the network. I have discussed the terms of the AUTHORIZATION with my son/daughter. I hereby request that my child be allowed access to the internet labs at LACC/PTHS.

STUDENT NAME (Please Print): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN NAME (Please Print): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: X \_\_\_\_\_ Date \_\_\_\_\_

PLEASE NOTE ANY EXCEPTIONS TO ITEMS 1-7 ABOVE: \_\_\_\_\_

**LIVINGSTON AREA CAREER CENTER**

1100 E. Indiana Avenue

Pontiac, IL 61764

(815) 842-2557

2024-2025 INSURANCE AND WAIVER FORM

**ALL INFORMATION MUST BE COMPLETE OR FORM WILL NOT BE ACCEPTED.**

TO: Parents and/or Guardians of Students Enrolled at LACC

As a parent/guardian of a child attending Livingston Area Career Center, we would appreciate your cooperation with our policy concerning accidents and injuries while in attendance at LACC. All of our laboratories and shops are maintained with the safest equipment available, and recognized safe work procedures are followed at all times. We do not anticipate that accidents and injuries will occur, but if they should, we would like to see that proper treatment is given as soon as possible. All LACC students are invited to use the PTHS Student Health Center services, provided they have completed the *PTHS Student Health Center* form. To assist us, and if necessary, personnel at OSF St. James Hospital, we ask that you review the following and sign accordingly.

Name of Student (Please Print) \_\_\_\_\_

In case of accident or injury, personnel at LACC will immediately contact your home school principal, and he/she will be asked to contact the parent/guardian immediately.

I will allow the LACC staff to arrange suitable transportation to OSF St. James Hospital and treatment by their staff for any necessary treatment of injury.

**PLEASE CHECK ONE OF THE FOLLOWING THREE STATEMENTS** that best describes how you will cover any medical expenses and please sign below.

1. \_\_\_\_\_ The above student is covered by accident insurance purchased through our local school.
2. \_\_\_\_\_ The above student is covered by medical insurance purchased privately which will pay expenses for treatment of injuries resulting from accidents.
3. \_\_\_\_\_ The above student is not covered by insurance, and I will assume responsibility for payment in full of medical bills resulting from any injury while at LACC.

Please list any medical conditions or issues that we would need to know when your child is at LACC:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**X** \_\_\_\_\_  
**Parent/Guardian Signature**

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

## AUTHORIZATION FOR INTERNET ACCESS

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This *Authorization* does not attempt to state all required or prescribed behavior by users. However, some specific examples are provided. **The failure of any user to follow these procedures will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signature(s) at the end of this document is legally binding and indicates the party who signed has read the terms and conditions carefully and understands their significance.

### **TERMS AND CONDITIONS**

1. *Acceptable Use* - Access to the District's Internet must be for the purpose of education or research, and be consistent with the educational objectives of the District.
2. *Privileges* - The use of the District's Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system coordinator or administrator will make all decisions regarding whether or not a user has violated this *Authorization* and may deny, revoke, or suspend access at any time; his or her decision is final.
3. *Unacceptable Use* - You are responsible for your actions and activities involving the Internet network. Some examples of unacceptable uses are:
  - a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any US or State regulation;
  - b. Unauthorized downloading of software, regardless of whether it is copyrighted or devised;
  - c. Downloading copyrighted material for other than personal use;
  - d. Using the network for private financial or commercial gain;
  - e. Wastefully using resources, such as file space;
  - f. Gaining unauthorized access to resources or entities;
  - g. Invading the privacy of individuals;
  - h. Using another user's account and password;
  - i. Posting material authorized or created by another without his/her consent;
  - j. Posting anonymous messages;
  - k. Using the network for commercial or private advertising;
  - l. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, sexually oriented, threatening, racially offensive, harassing, gang related or illegal material; and
  - m. Using the network while access privileges are suspended or revoked.
4. *Network Etiquette* - You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:
  - a. Be polite. Do not become abusive in messages to others.
  - b. Use appropriate language. Do not swear or use vulgarities or any other inappropriate language.
  - c. Do not reveal the personal addresses or telephone numbers of students or colleagues.
  - d. Recognize that electronic mail (E-mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
  - e. Do not use the network in any way that would disrupt its use by other users.
  - f. Consider all communications and information accessible via the network to be private property.
5. *No Warranties* - The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, nondeliveries, missed-deliveries, or service interruptions caused by its negligence or the user's errors or omissions. Use of any information obtained via the Internet is at the user's own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.
6. *Indemnification* - The user agrees to indemnify the District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any violation of these procedures.
7. *Security* - Network security is a high priority. If the user can identify a security problem on the Internet, the user must notify a teacher or the Principal. Do not demonstrate the problem to other users. Keep the user's account and password confidential. Do not use another individual's account without written permission from that individual. Attempts to log-on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.
8. *Vandalism* - Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or the District network. This includes, but is not limited to, the uploading or creation of computer viruses.
9. *Telephone Charges* - The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long distance charges, per-minute surcharges, and/or equipment or line charges.