



**Fayette County High School**  
**Career-Technical Student Information Sheet**

Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian's Place of Employment \_\_\_\_\_

**Mother/Guardian's email address \*\*** \_\_\_\_\_

Fathers/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Place of Employment \_\_\_\_\_

**Father/Guardian's email address\*\*** \_\_\_\_\_

Emergency Contact (Other than Parent/Guardians) \_\_\_\_\_

Emergency Contact Telephone \_\_\_\_\_

**I understand and agree that my child must have accident insurance from school or home in order to be in a Career-Tech course.**

**Please check one: My child is covered by Accident/Health insurance:**

\_\_\_\_ **School Purchased** or \_\_\_\_ **Home – Name of Company** \_\_\_\_\_

Please list any health problems or allergies. This information will be kept in confidence.

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\_\_\_\_\_  
**Parent Guardian Signature**

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

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

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