

Student Photo and Information Form/ Agreement and Consent Form for KET Classes

Please complete this form and return it to your classroom facilitator as soon as possible.

Class you are taking: Humanities Physics AP[®] Physics Honors Physics
 German I German II German III Latin I Latin II Latin III Latin Literature



SECTION I:

Name _____

Name of school _____

Address of school _____
Street City

_____ County _____
State Zip

Principal _____

Home phone number (_____) _____

E-mail Address _____

Do you have an Internet connected computer at home?
 Yes No

1. Check the appropriate boxes below.

- male female
 Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12

2. Name of parent(s)/guardian _____

3. Address of parent(s)/guardian _____
Street City State Zip

4. Home address (if different from above) _____
Street City State Zip

5. Birthday: _____ Month _____ Day _____ Year

6. Do you plan to further your studies after graduation from high school?
 Yes No

7. If your answer to item 6 was yes, check below the type of further studies you are most likely to pursue.
 vocational school four-year college/university
 junior college other _____

Will this further education be:
 in your state or out of state?

8. Your favorite subject: _____
9. Your least favorite subject: _____
10. Why did you elect to take this class? (Be honest!) _____

11. What do you expect to achieve and accomplish in this class? _____

12. List three things that come to your mind when you think of this class or things you would like to see covered in this class.

SECTION II: Student Agreement and Consent

As a student in this KET course, I agree to

1. practice daily.
2. contact teacher or tutors whenever a question or concern arises.
3. complete assignments thoroughly and punctually, including Internet assignments.
4. be prepared for telephone instruction.
5. take notes in every class.
6. use my class skills as often as possible.
7. give permission to use my image and/or voice on video and/or the Internet for purposes directly related to KET's Distance Learning program.

Student's Signature _____ Date _____

If under 18, must be approved by parent/guardian.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's E-mail Address _____ (Optional - for KET teacher use only)