



MANCHESTER
COMMUNITY
COLLEGE



Where the future is present.

**Great Path Academy
at Manchester Community College**

60 Bidwell Street, MS#20

P.O. Box 1046

Manchester, CT 06045-1046

Phone: (860) 512-3700 Fax (860) 512-3701

Release of Information

I authorize _____

(Name of Current School)

(School Address)

(School Phone Number)

to release the following information to:

Great Path Academy at MCC

60 Bidwell Street, MS#20

P.O. Box 1046

Manchester, CT 06045-1046

Tel: (860) 512-3700 Fax: (860) 512-3701

Regarding: _____

Student Name

Grade

Date of Birth

- Academic Transcript
- Health Records- Copy of Cumulative Health Record and most recent physical
- Guidance Reports
- Social Work Records
- Discipline Records
- Special Education Information
- Planning & Placement Team Records, IEP, SST
- Education and Psychological Testing Results, CMT, CAPT, SAT
- Reciprocal exchange of information with counselor, juvenile court, or DCF
- Discharge summary or recommendations from hospital or residential treatment facility

Parent or Guardian: _____

(Print)

Parent or Guardian: _____

(Sign)

Relationship to Student: _____

Date: _____



College Career Pathways Program

Permission to Register

College Career Pathways (CCP) is a collaborative program between **Great Path Academy** and Manchester Community College. It is designed to allow high school students to sample the rigor of college academics, and possibly earn college credit, while attending high school. The CCP courses meet the same level of rigor taught at the college level. Students earn "dual credit" (credit from their high school and credit from MCC).

How does it work?

- Students complete this form with their parents or guardian and give it to their guidance counselor. Guidance counselors determine student eligibility for the CCP program.
- Students must be in grade 10, 11 or 12
- Students take college level courses and get a grade of C (75) or above. (Students do not physically come to MCC to take their CCP courses; all coursework is done at the high school). Some courses require a grade of B or better to earn college credit.
- Students earn college credit in the form of a transcript from MCC. Students may choose to come directly to MCC or they may choose to take the transcript to the college of their choice to inquire about transfer credit.
- There is no charge for courses or credits in the CCP program.
- Students may withdraw from the program at any time prior to graduation, without penalty, by informing their high school guidance counselor

Please complete this form and return it to the College Career Pathways Coordinator at your high school. Forms that are not completely filled out will be returned to your high school. When this form is signed and submitted you may apply on line for the CCP program. Applications are due no later than December 15 except for students enrolled in spring-semester-only courses, which have an application deadline of March 15.

Non-Discrimination: Manchester Community College does not discriminate against any individual on the grounds of race, color, religion, political beliefs, national origin, physical handicap, criminal record, sex, sexual preference, marital status, ancestry or age.

Student Name: _____

High School: _____ Grad Year: _____

By signing this form we agree to adhere to all the policies of the Manchester Community College Career Pathways Program on the reverse of this document.

Student Signature: _____ Date: _____

Parent/Guardian Signature (required): _____ Date: _____

Policy for Awarding Credit to College Career Pathways Students

Sophomore, juniors and seniors in consortium high schools are eligible to become College Career Pathways students and to receive up to 14 CCP credits if they follow the procedures of the program. All College Career Pathways students must complete a Manchester Community College Career Pathways Admissions application to be enrolled as a College Career Pathways student and receive college credit for articulated courses.

Students must appear on a course roster for an articulated course.

The high school teacher for the articulated course must submit a grade of C or better for the student to the college by **July 1** of the academic year the student completes the course. Articulated courses in the Business Office Technology program and courses articulated with ACC 115: *Financial Accounting* and MAT 138: *Intermediate Algebra: A Modeling Approach* require a submitted grade of B or better in order to merit credit. Credit for MAT 138 also requires that the student achieve a score of 35 or higher on the College Level Mathematics portion of the Accuplacer test, a score of 22 or higher on the ACT Math Test, or a score of 550 or better on the mathematics portion of the SAT.

If a student believes that there has been an error or omission in their College Career Pathways grade record, they must notify the college Registrar no later than the September 1 after their graduation date in order to apply for corrections.

If a student has a Manchester Community College Career Pathways Admissions application on file and applies for corrections within this time period, the college will consider changes/additions to the student's record if accompanied by a high school transcript documenting the student's achievement in the articulated course, and a letter from the College Career Pathways Coordinator or a guidance counselor at the high school verifying the student's status as a College Career Pathways student.

If at any time a College Career Pathways student requests a correction to their records and it can be determined by the presence of a Manchester Community College Career Pathways Admissions application and a roster on file at MCC from the high school documenting the award of a grade to that student, the record will be immediately corrected.

For additional information about the College Career Pathways program please contact your Counselor at Great Path Academy.

**Kara Corcoran
860.512.3714**

or

**Rachel Cabrera-Zayas
860.512.3712**

GREAT PATH ACADEMY

Course Selection Form

Student Name: _____ Year of Graduation: _____

The following to be filled out by Teachers

English

Credits Required: 4

English I		American Literature
English I Honors		American Literature Honors
English II		College Prep Writing
English II Honors		College Writing/Communications* (grade 12 only)

Mathematics

Credits Required: 4

Algebra I		Pre-Calculus
Geometry		College Prep Math (grade 12 only)
Geometry Honors		Calculus (w/teacher permission)
Algebra II		Statistics* (w/teacher permission)
Algebra II Honors*		

Social Science

Credits Required: 3

Civics		World History
Civics Honors		World History Honors
Geography		U.S. History
Geography Honors		U.S. History Honors

Science

Credits Required: 3

Biology		Anatomy & Physiology
Biology Honors		Anatomy & Physiology Honors*
Chemistry		Environmental Science
Chemistry Honors		

*Denotes MCC articulated course (students earn college credit with a grade of B- or higher)

Parent Signature Required on Back

GREAT PATH ACADEMY

Course Selection Form

Student Name: _____ Year of Graduation: _____

The following to be filled out by Counselors ONLY

Physical Education and Health

Credits Required: 1.5 P.E., 0.5 Health

Health Education	Exercise and Personal Wellness
------------------	--------------------------------

Fine Arts

Credits Required: 2

Art I	Drama
Art History	Music Appreciation
Ceramics/Pottery	Vocal Ensemble
Graphic Art	Music Technology

Theme Based Electives

Credits Required: 4

Advisory (MCE)	Media Technology
Capstone	Public Speaking
Computer Applications*	Culinary Arts I
Graphic Design	Culinary Arts II* (pre-requisite: Culinary Arts I)
CAPT Prep	Bake Shop I* (pre-requisite: Culinary Arts I)
CAPT Geometry	Internship
Criminal Justice* (grade 11/12 only w/teacher permission)	Sociology (grade 11/12 only w/teacher permission)
Psychology (grade 11/12 only w/teacher permission)	Art History (grade 11/12 only w/teacher permission)

World Language

Credits Required: 2

Spanish I	Spanish III
Spanish II	Spanish IV/V

*Denotes MCC articulated course (students earn college credit with a grade of B- or higher)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

**GREAT PATH ACADEMY AT MCC
EMERGENCY INFORMATION**

PLEASE PRINT LEGIBLY

G.P.A. Office Use

Student# _____

Student's Name _____ Grade _____ Date of Birth _____

Home Telephone # () _____ Student's E-Mail _____

Student's Address _____

City _____ State _____ Zip Code _____

Mother's Name _____ Father's Name _____

Mother's Address _____ Father's Address _____

Mother's Place of Employment _____

Mother's Work# () _____ Mother's Cell# () _____ E-Mail _____

Father's Place of Employment _____

Father's Work# () _____ Father's Cell# () _____ E-Mail _____

Does Student have Health Insurance ___Yes ___No Does your Child have Dental Insurance ___Yes ___No

Is insurance Private (Aetna, BC/BS etc) or State (Husky) (Please circle)

Student's Physician _____ Telephone# () _____

In case the school cannot contact you, you must list two neighbors or nearby relatives whom we may contact:

#1 Contact Name _____ Relationship _____

Work # () _____ Home # () _____ Cell# () _____

#2 Contact Name _____ Relationship _____

Work # () _____ Home # () _____ Cell# () _____

List any known health problems _____

List any known allergies _____

Any medications taken regularly? What? _____ When? _____

Last known Tetanus-Diphtheria (Td) injection _____

I give permission to have my child transported to a hospital in case of emergency Yes _____ No _____

Parents' Signature: _____ Date: _____



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Emergency Medical Consent Form

In the event of a **medical emergency**, I _____ give permission to the Principal/Director of Great Path Academy to make decisions for and/or provide care for my child, _____.

I understand that during a medical emergency there may not be time to contact a parent prior to action being taken and that this is in the best interest of my child. I understand that I will be notified of any emergency as soon as possible.

These decisions may include:

- Emergency transportation (i.e. ambulance)
- Permission for emergency personnel to provide treatment (i.e. EMT/Emergency Room staff)
- Permission for staff trained in First Aid to provide treatment until other emergency personnel arrive.
- Directing emergency transportation to the closest hospital (the parents' choice of hospital will always tried to be honored unless the situation dictates otherwise, i.e. field trip out of area).

Parent Name (please print)

Parent Signature

Date



Dear Parent/Guardian of New GPA Student,

I would like to welcome your family and our new student to Great Path Academy! As the school nurse I look forward to meeting you and to assisting you with the health care needs of your child while he/she is at school.

- **MEDICATIONS** may be given in school with written authorization from your child's doctor and written permission from you. All medications including prescription and over the counter, must have a doctor's written order. There is an authorization form included in this packet. Use one form for each medication. Students may carry their asthma inhaler with them at all times with written consent of both the child's parent and doctor. A medication authorization form must be completed and given to the school nurse.
- If your child has an **ALLERGY** to bee stings or foods, such as nuts, peanut butter, shellfish/seafood that require an **EPI-PEN**, please be sure to have the medication authorization form completed and signed by your doctor and bring the **EPI-PEN** to school on the first day. Students may carry their **EPI-PEN** with them at all times with written consent of both the child's parent and doctor.
- State mandated health screenings for vision and scoliosis will be performed on all 9th grade students. Students will be given a referral note to bring home if findings are outside of the normal range. Your child's doctor should evaluate the findings and send the school nurse a report. Your doctor must complete vision, hearing and scoliosis screenings as part of your child's mandated physical examination.
- **CONTACT INFORMATION.** It is important for the school to maintain accurate contact information for all students. Please notify the main office and the nurse if your home address or any of your phone numbers (home, work, or cell) change. Also, please be sure to list emergency contact persons **OTHER THAN THE CHILD'S PARENTS** on the form in the event we are unable to reach you when your child is sick or injured and needs to be picked up at school.
- Please complete the included Medical Information Form. This will give me important information about your child.

Please contact me if you have any questions, or if I can assist you in any way. If you are visiting the school, please stop in to introduce yourself and meet me. I welcome visits from parents and look forward to meeting each new student!

You may reach me via email at: vouss001@hartfordschools.org

Thank you,

**Susie Vousden, RN
School Nurse
Phone: 860-512-3717
Fax: 860-512-3721**

**Hartford Public Schools
Nursing Services
Authorization for the Administration of Medicine by School Personnel**

The Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Prescriber's Authorization

Name of Student _____ Date of Birth: _____

Address: _____

Condition for which drug is being administered _____

Drug Name: _____ Dose: _____ Route: _____

Time of Administration: _____ If PRN, frequency: _____

Relevant side effects: None expected Specify: _____

ALLERGIES: ☐ NO ☐ YES (specify): _____

Medication shall be administered from _____ to _____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title _____
(Type or Print)

Telephone _____ Fax _____

Address _____

Use for Prescriber's Stamp

Prescriber's Signature _____ Date _____ DEA number _____

Parent/Guardian Authorization

I hereby request that school personnel administer the above ordered medication. I understand that I must supply the school with no more than a 45 school day supply of medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or the last day of school, whichever comes first. If my child is also enrolled at a school-based clinic in this school, I hereby give permission to both the school nurse and the school-based clinic to share this information and otherwise collaborate in the management of this problem for my child.

Parent/ Guardian Signature _____ Date _____

Parent's Home Phone # _____ Work # _____

Self-Administration of Medication Authorization/Approval

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with Hartford Public Schools policy.

Prescriber's authorization for self-administration ☐ Yes ☐ No _____
Signature Date

Parent/Guardian authorization for self- ☐ Yes ☐ No _____
Signature Date

School nurse approval for self-administration ☐ Yes ☐ No _____
Signature Date

**Hartford Public Schools
Health Services
Medical Information Form**

Student Name _____ Date of Birth _____

Address _____ Telephone _____ Cell _____

ID No _____ School _____ Grade _____ Work Tel _____

Please complete the following questionnaire and provide information that will help to safeguard your child. The school health staff will review the information and communicate with you if there are any questions or if further information is needed. Please note that all medications, treatments and/or medical procedures that are administered in school or during school activities, must be accompanied by an "Authorization for Administration of Medicine by School Personnel" form that is signed by a physician and parent/guardian.

Has your child had any of the following? (All items must be checked "yes" or "no")			
		YES	NO
1.	Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
	Food(s) _____	<input type="checkbox"/>	<input type="checkbox"/>
	Bee Stings/Insect Bites _____	<input type="checkbox"/>	<input type="checkbox"/>
	Medications _____	<input type="checkbox"/>	<input type="checkbox"/>
1a.	Does your child have an EpiPen?	<input type="checkbox"/>	<input type="checkbox"/>
1b.	Does your child need Benadryl?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Asthma/Wheezing?	<input type="checkbox"/>	<input type="checkbox"/>
2a.	Does your child use an asthma inhaler/pump?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Bleeding disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	Frequent nose bleeds?	<input type="checkbox"/>	<input type="checkbox"/>
	Sickle Cell Anemia?	<input type="checkbox"/>	<input type="checkbox"/>
	Hemophilia?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Heart Problems?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Chest Pain?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Convulsions?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your child take any daily medications? If yes, please list medications?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above questions or if your child has any other medical conditions, please explain below

Child's Doctor/Clinic _____ Telephone _____

Hospital of Choice: ☐ CCMC ☐ St. Francis ☐ UConn Medical Center ☐ Other _____

To the best of my knowledge the above information is complete and accurate.

Date _____ Name of Parent/Guardian _____

Parent/Guardian Signature _____

Emergency Contact Name _____ Telephone _____



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RSCO PHOTO and Media Release Form

I, _____ do hereby certify, acknowledge,
Parent / Guardian's Name

authorize and give consent to Great Path Academy and the Regional School Choice office to use my child's photographic image, video image, student work, audio recording, or multimedia presentation, at its discretion, in recruitment and marketing materials, and to publish it on the Great Path Academy and/or the Regional School Choice Office Website for purposes of recruitment and marketing.

I have been assured, and it is my understanding, that my child's photographic image, video image, student work, audio recording or multimedia presentation shall be used for and/or to promote Great Path Academy, Regional School Choice educational and informational purposes only and shall not be used for any commercial purposes whatsoever.

I do hereby agree to hold harmless the State of Connecticut with any and all claims regarding my child's photographic image, video image, student work, audio recording or multimedia presentation, including legal fees and other costs incurred.

I do hereby waive any claim for compensation for the use of my child's photographic image, video image, student work, audio recording or multimedia presentation.

I do hereby agree that this **release** is valid until expressly revoked by me in writing.

Date

Childs Name (please print)

Parent or Guardian (please print)

Signature of Parent or Guardian



Home Language Survey

The Home Language Survey Form (HLS) must be completed, dated and signed by the student's parent/legal guardian. It is also imperative that the HLS is entered in the student information system (PowerSchool). If you have any questions on how to interpret the HLS, please contact the Office for English Language Learner Services at 695-8431.

Student Last Name: _____

Student First Name: _____

Student ID: _____

Birth Date: _____

Birth Place: _____

Ethnic Code: _____

ENGLISH:

Date: ____/____/____

Signature of Parent/Guardian: _____

1) What was the language that the child first learned to speak?

2) What is the primary language spoken by the child when he/she is at home?

3) What is the primary language spoken by the child's parents, guardians or other persons living in the home?

ESPAÑOL

Fecha: ____/____/____

Firma del Padre/Encargado: _____

1) ¿Cuál fue el lenguaje que el niño aprendió a hablar primero?

2) ¿Cuál es el lenguaje que más habla el estudiante en el hogar?

3) ¿Cuál es el lenguaje que más hablan los padres, encargados u otras personas que habitan en el hogar?



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GPA LOCK AND LOCKER AGREEMENT

I, the undersigned student, accept this assigned locker and combination lock for my use at Great Path Academy, with the understanding that the property belongs to Great Path Academy. I will return my assigned lock prior to the close of school. As with any school property issued to me from Great Path Academy for my temporary use, it will be returned in working order (except normal wear and tear). I agree to reimburse Great Path Academy **\$10.00 for replacement cost to cover the combination lock in case it is lost or stolen.**

*****Students are assigned individual lockers during the school year for school use only. Lockers and locks should not be shared with another student or exchanged under any circumstances. Failure to comply with the above regulations will result in disciplinary action and/or loss of school privileges.**

STUDENT NAME: _____ GRADE: _____

STUDENT SIGNATURE _____

DATE _____

PARENT SIGNATURE _____

DATE _____

Locker Location: _____ **Locker Number:** _____

Combination

*****PLEASE RETURN COMPLETED FORM TO THE MAIN OFFICE*****



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Great Path Academy at Manchester Community College

Suburban Registration Verification Form

Please Return This Completed Form To Your Child's Magnet School

Student name: _____

Name of Child's Magnet School: _____

Resident Town School District (city/town where you live): _____

Section A: This section must be completed by the Parent/Guardian

Name of Student: _____ Age: _____ Birthdate: _____ Grade _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Parent/Guardian Email: _____

Name of Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature

Date

Section B: This section is for students entering Kindergarten – Grade 12. It must be completed by an official in the School District where you live.

This verifies that _____ is registered in the _____ School District.

Signature of district official: _____

Please print name: _____ Title: _____ Phone: _____

School/District Stamp/Seal Here:



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Middle College Experience

Student name _____

Course _____

Middle College high schools have as their primary mission the goal of preparing students for college. To achieve this, schools such as Great Path Academy give students rigorous course work. Supporting students as they strive to attain high standards requires that attention be paid to their academic and affective needs.

Middle College Experience I and II- Freshman and sophomore students focus on acclimating to a middle-college high school setting, learning and practicing strategies for success, strengthening interpersonal and intrapersonal skills, and preparing themselves for college level opportunities during their junior and senior years. Each student's Middle College Experience Advisor will meet with him/her on a regular basis to ensure a personalized learning experience.

Middle College Experience III- Junior students receive support and guidance as they transition to their college level course experiences. With their Middle College Experience advisors, students will focus on individual strengths and goals as they explore career options and the post-secondary education required to accomplish future goals. Students are guided through the college and scholarship application process. By the end of their junior year, students are expected to have enrolled for the SAT/ACT and identified five to six colleges to which they will apply. Opportunities are also provided for students to prepare for their Capstone Project, a Great Path Academy graduation requirement.

Middle College Experience IV- Great Path Academy seniors receive continued guidance and support in their college-level courses, as well as college and career counseling. A primary focus of this course is the culminating Capstone Project. This Great Path Academy graduation requirement aligns with Connecticut Secondary School Reform initiatives and integrates many essential skills acquired over a student's academic career.

-See Other Side-

Students have several Capstone Project choices- from developing a portfolio of best work, to completing a set of experiments organized around one or more scientific problems, doing community service, or working as an intern. All Capstone requirements will include research, written, and presentation components. Each student's Middle College Experience advisor will play a critical role in helping him/her adjust as necessary and complete the Capstone Experience successfully.

I understand the expectations of the Middle College Experience and I agree to uphold these expectations and obligations.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____



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MILITARY OPT – OUT LETTER

Dear Parent / Guardian:

Section 9528 of the Elementary and Secondary Education Act of 1965, as amended by the No Child Left Behind Act of 2001 requires schools to release our family's private information to military recruiters unless we "opt out" in writing. Students under the age of 18 must provide a parent signature.

_____ AS a parent, I am exercising the right to request that you do not turn over the name, address, telephone listing and school records to the Armed services, Military Recruiters, or Military Schools of the following student.

_____ As a student, I request my own name, address, telephone number and school records not be Released to the Armed Forces, Military Recruiters, or Military Schools.

Student Name _____
(*Print clearly*)

Sincerely,

Signature

Date

Name

Address

City

State

Zip



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Parent/Guardian Compact

At Great Path Academy, we understand that students require a vast array of skills and experiences in order to be successful learners and leaders in today's global society. In addition to rigorous core academics, students need to cultivate strong interpersonal, communication technology, problem-solving and personal responsibility skills to prepare them for the 21st century workplace. We are presenting this student compact as a means of ensuring that participants are aware of and embrace the unique aspects of this exciting middle college high school model.

By reading and signing below, parents/guardians demonstrate their understanding of our unique program and agree to support the following statements:

- ❖ I welcome my child's integration into the College community and believe he or she is able to handle the freedom and responsibilities associated with a college campus.
- ❖ I recognize that the mission of inter-district magnet schools is to reduce racial, ethnic, and economic isolation and as such my child will be a member of a diverse student body drawn from rural, suburban, and urban communities.
- ❖ I understand the role of Middle College Experience, and I will encourage my child to use this portion of his or her school day wisely by seeking assistance from teachers, scheduling time appropriately, and capitalizing on learning opportunities.
- ❖ I recognize that GPA's academic calendar aligns with the college calendar and does not always reflect a traditional high school schedule.
- ❖ GPA students may take classes at MCC if they meet eligibility requirements. I understand that if my child is enrolled in an MCC course, he/she is required to attend all classes, including those held on GPA snow days, unless the MCC campus is closed.
- ❖ I understand that my student is required to keep a full schedule during the school day.
- ❖ I understand that my student must successfully complete all GPA graduation requirements in order to receive a diploma from Great Path Academy.
- ❖ I have read GPA's attendance policy, and will do my part to ensure that my student attends school daily and arrives on time.

- ❖ I understand that as a choice program in Connecticut, Great Path Academy is committed to enrolling a student body that has voluntarily elected to enroll in our school. Thus, if my child demonstrates a sustained lack of commitment to GPA's program, I will expect to participate in a parent/school meeting to discuss my child's progress in the school.
- ❖ I understand that my child is not permitted to leave GPA grounds during the official school day without parental permission. I recognize that my child's ability to drive to GPA is a privilege, and that this privilege can be revoked.
- ❖ I understand that I must physically come to the GPA office and sign my student out in case of early dismissal. If my student drives to GPA, I am required to provide a note with my signature on the morning of an early dismissal.
- ❖ I understand that GPA is a less restrictive environment than a traditional high school, and that my child will need to accept the responsibility that accompanies this setting. I recognize that my child will need to exercise self-discipline in order to function effectively on a college campus.
- ❖ I understand that the faculty and staff at Great Path Academy are committed to my child's academic success, and they are eager to support my family in our common goal of life-long learning.
- ❖ I am aware that a Parent Advisory Council has been established, and serves as a forum for my input into school planning.

Parent Name (**Print**)

Parent/Guardian (**Sign**)

Date



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Great Path Academy

Policy on Student Transportation

Student Name _____

EXPECTATIONS AND RULES

The bus driver is responsible for transporting students and maintaining orderly behavior on the bus. He/she is expected to report student misconduct to school administrators who will follow up with the student and his/her parents.

For their safety and the safety of all students and the bus driver, each student is responsible for obeying the following rules:

- 1. FOLLOW THE DIRECTIONS OF THE DRIVER AT ALL TIMES.**
- 2. DO NOT SWEAR** at each other, the driver, or out the window.
- 3. DO NOT HIT, TOUCH OR SLAP** anyone at any time.
- 4. DO NOT SMOKE, CARRY OR CONSUME ANY ALCOHOL OR DRUGS.**
- 5. STAY SEATED** at all times and **DO NOT THROW** any objects on the bus or out the window.
- 6. DO NOT CAUSE ANY DAMAGE TO THE BUS OR OTHERS' PROPERTY**
- 7. BE PREPARED FOR HIS/HER BUS IN THE MORNING** by arriving to the stop early.
- 8. FOLLOW THE RULES, EXPECTATIONS, AND CODE OF CONDUCT** of Great Path Academy and the Hartford Public Schools.

-Please see other side-

CONSEQUENCES

All infractions are subject to the consequences stated in the Hartford Public Schools Code of Discipline and the Great Path Academy discipline expectations. The administrators have the authority to issue, but are not limited to, the following consequences for violation of these rules:

1. Temporarily suspending the riding privileges of the student. If a student is suspended from riding the bus, the parent/guardian is responsible for transportation to and from school during that period.
2. Removal of student from field trips that involve bus transportation.
3. Students causing any damage to the bus and/or others' property will be held responsible and have to pay for repairs/damage.

We have read the Policy on Student Transportation and discussed it with each other. We understand the rules and consequences and will abide by them.

Student Signature _____ Date _____

Parent/Guardian _____ Date _____

PLEASE MAKE A COPY OF THIS FORM BEFORE YOU RETURNED THE SIGNED FORM AT THE REGISTRATION SESSION.



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Fax (860) 512-3701

Student Compact

At Great Path Academy, we understand that students require a vast array of skills and experiences in order to be successful learners and leaders in today's global society. In addition to rigorous core academics, students need to cultivate strong interpersonal, communication technology, problem-solving and personal responsibility skills to prepare them for the 21st century workplace. We are presenting this student compact as a means of ensuring that participants are aware of and embrace the unique aspects of this exciting middle college high school model.

By reading and signing below, students demonstrate their understanding of our unique program and agree to support the following statements:

- ❖ I welcome my integration into the College community and believe I am able to handle the freedom and responsibilities associated with a college campus.
- ❖ I recognize that the mission of inter-district magnet schools is to reduce racial, ethnic, and economic isolation and as such I will be a member of a diverse student body drawn from rural, suburban, and urban communities.
- ❖ I understand the role of Middle College Experience, and I will use this portion of my school day wisely by seeking assistance from teachers, scheduling my time appropriately, and capitalizing on learning opportunities.
- ❖ GPA students may take classes at MCC if they meet the eligibility requirements, as outlined in the MCC college catalog and other related documents that define eligibility.
- ❖ I understand that I am required to keep a full schedule during the school day.
- ❖ I understand that I must successfully complete all GPA graduation requirements in order to receive a diploma from Great Path Academy.
- ❖ I have read and will abide by GPA's attendance policy.



- ❖ I understand that as a choice program in Connecticut, Great Path Academy is committed to enrolling a student body that has voluntarily elected to enroll in our school. If I demonstrate a sustained lack of commitment to GPA's program, I will expect to participate in a parent/school meeting to discuss my status in the school.
- ❖ I understand that I am not permitted to leave GPA grounds during the official school day without parental permission. I recognize that my ability to drive to GPA is a privilege, and that this privilege can be revoked.
- ❖ I understand that my parent/guardian must physically come to the GPA office and sign me out in case of early dismissal. If I drive to GPA, I must provide a note signed by my parent/guardian on the morning of an early dismissal.
- ❖ I understand that GPA is a less restrictive environment than a traditional high school, and I accept the responsibility that accompanies this setting. I recognize that I will need to exercise self-discipline in order to function effectively on college campus.
- ❖ I understand that the faculty and staff at Great Path Academy are committed to my academic success, and are eager to support me as a life-long learner.

Student Name (Print)

Date

Student name -(Sign)



MANCHESTER
COMMUNITY
COLLEGE



Where the future is present.

Great Path Academy
at Manchester Community College

60 Bidwell Street, MS#20
P.O. Box 1046
Manchester, CT 06045-1046
(860) 512-3700
Fax (860) 512-3701

Student Use of the District's Computer System

School: **GREAT PATH ACADEMY**

GRADE NEXT YEAR 9 10 11 12

(Please circle one)

STUDENT:

I have read the Hartford Public School System's Policy and Regulation regarding my use of the district's computer systems, and understand my responsibilities and the consequences if I misuse the district's computer systems. I will report any observed or suspected misuse of the district's computer systems to my teacher.

Student Name: _____

Signature: _____

Date: _____

Parent:

I have read the Hartford Public School System's policy and regulation regarding my child's use of the district's computer systems, and the consequences if my child misuses the district's computer system.

Parent Name: _____

Signature: _____

Date: _____

STUDENT ENROLLMENT / UPDATE FORM

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____ Generation: _____

Address: _____ City: _____ Zip Code: _____ Telephone: _____

Gender: F _____ M _____ Birth Date: _____ Social Security #: _____

What is the country/place of birth? _____

What is the student's ethnicity/race? (Please circle ALL that apply. Additional information on reverse.)

Hispanic/Latino	AND →	American Indian or Alaskan Native	Asian	Black or African American	Black Latino	West Indian	Native Hawaiian or Other Pacific Islander	White	White Latino
Y	N	Y	N	Y	N	Y	N	Y	N

FAMILY INFORMATION

1. Parent/Guardian: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Email: _____

2. Parent/Guardian: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Email: _____

Sibling 1. _____ School: _____ Sibling 3. _____ School: _____

Sibling 2. _____ School: _____ Sibling 4. _____ School: _____

1. Emergency Contact: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Email: _____

2. Emergency Contact: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Email: _____

Can the child be released from school to the emergency contacts listed above? Y N

INSTRUCTIONAL PROGRAM INFORMATION (Please circle any that apply.)

Does/did the student receive Special Education Services in accordance with an Individual Education Plan (IEP)? Y N

Does/did the student receive English Language Learner (Bilingual Svs.) support? Y N Type: Native Lang. ESL Other:

OFFICE USE ONLY

New Registration	Last School/Address (if applicable):	Assigned School:
Transfer (from another Htfd school)	Previous Hartford School:	Student ID Number:
Re-Entry (returning student)	Last School/Address:	(complete below for PK) Grade:
Withdrawal/Exit	Reason:	Enter or Exit Date:

PK Program: PK age 3 PK age 4 01 (School Readiness) 04 (SpecEd – per IEP) 09 (Other – Magnet, Mntsri) Hours per Day: Days per Year:

Parent/Guardian Signature: _____

Date: _____ Register/Unregister Completed by: _____

Date: _____



MANCHESTER
COMMUNITY
COLLEGE



GREAT PATH ATTRIBUTES

**Great Path Academy at
Manchester Community College**

60 Bidwell Street, MS#20
P.O. Box 1046
Manchester, CT 06045-1046
(860) 512-3700
Fax (860) 512-3701

Uniform Policy

Great Path Academy Uniform Policy

The uniform policy of Great Path Academy was adopted to promote the climate and culture of the school, with special attention to the safety of students in lab classes. Items must be purchased from the list of approved GPA vendors.

REQUIRED

- Great Path Academy logo shirts (long sleeve blue or white oxford shirt) and black pants (not denim, not stretch pants), black vest and black belt purchased from HPS/GPA vendor only.
- Any closed toe shoes with 2" heels or less, including sneakers.
- Undershirts may not show beneath uniform shirts and sleeves or hems must be tucked in. Shirts that show under uniform shirt at the neck must be in solid school colors.

Optional

- Great Path Academy sweater (purchased from approved vendor)
- Team apparel may only be worn on competition day (as approved by coach/team leader)
- Grade 11 and 12 students who are enrolled in MCC courses in the MCC buildings may wear uniform shirts or sweaters with the MCC logo, purchased from the college.



Not Allowed

- No Cargo – style pants (with large outer pockets)
- No denim pants
- Any item deemed unsafe by administration
- Team hooded sweatshirts
- Hats, Caps, do-rags, visors ,hoods, scarves, (head ,hair ,neck or used as belts)
- Coats, Jackets, raincoats, outerwear, or non GPA sweaters or fleece
- Jeans, sweatpants, pajama pants, yoga pants, leggings, Capri-pants, or shorts
- Pants tucked into footwear
- Pants worn below the waist
- Slippers and or moccasins
- Open-toed shoes
- Heels over 2"
- Oversized neck chains; oversized neck chain charms/accessories
- Hoop earrings over one inch long or over one inch in diameter
- Name belt buckles, or oversized belts, any item with studs or spikes
- Oversized rings or any accessory which the administration deems unsafe
- Sunglasses

(please return the bottom portion, and keep the uniform policy for your records)

I have read the GPA uniform policy and understand that, according to the Hartford Public Schools uniform policy, I will not be allowed into class unless I am dressed in uniform.

(Student's signature)

____/____/____
Date

Print Name

(Parents Signature)

____/____/____
Date

Print Name



Uniform Offerings

We currently have three vendors that are available to purchase our school uniform from:

- * One is Land's End and is available through online order only. Please visit www.landsend.com and click on the "School Uniform" link, then "Find Your School's Dress Code".
- * Another vendor is The Connecticut Shirt Man, Inc. Their main facility is in East Hartford at 70 Tolland St. East Hartford, CT 06108 and you can call (860) 216-5496 for more information. Hours of operation are M-F, 9-5 and Saturday, 10-2.
- * We are now offering a third uniform vendor, Mag and Son. Their contact is: (860) 229- 4900, please call this number for more information. They are located at: 171 Pascone Place, Newington, CT 06111.

Please note the following change to the school uniform: the fleece is no longer a part of our school uniform. It can be worn to and from school, but not during the school day.

The following are flyers that are specific to each company to assist in your school uniform ordering process.



Great Path School

School uniform shopping is easy with Lands' End



Online: Go to landsend.com/school and create or sign in to your account. Include your student and school information in My Account. Start shopping with your personalized product checklist.



Phone: Call 1-800-469-2222 and reference your student's school name, location, grade level and gender. Our team of consultants is available 24/7 for assistance.

sears

In-Store: Visit your local Lands' End at Sears store. Our associates can help you with sizing information and you can place your Preferred School order online via the store kiosk.

Don't forget to sign up on landsend.com/school
for e-mail updates from Lands' End.

LANDS' END SCHOOL

800-469-2222 • landsend.com/school

Welcome Great Path School Families!

We are excited to be partnering with your school for the 2012-13 school year. As America's premier school uniform provider, Lands' End School has helped millions of students get ready for school since 1997.

You will love us because:

- **Hand-me-down quality** We make our school uniforms to last, from one kid to the next.
- **Easy ordering** 24 hours a day/ 7 days a week/ 365 days a year.
- **Legendary and award-winning customer service** We make sure your shopping experience is the best it can be.
- **Complete size ranges** From Pre-K to grade 12, with regular, slim, junior, young men, and extended fits.
- **Free hemming** Pants are hemmed at no extra charge (most sizes).
- **Free shipping & returns at select Sears locations** Returns can be made at any Lands' End Shop at Sears and receive free shipping on kiosk orders.
- **School Rewards** Your school receives a percentage of total uniform purchases made as a cash-back reward.
- **Guaranteed. Period.** Our promise of satisfaction. If you are not satisfied with your purchase, for any reason, you can always return it for exchange or refund of your purchase price.

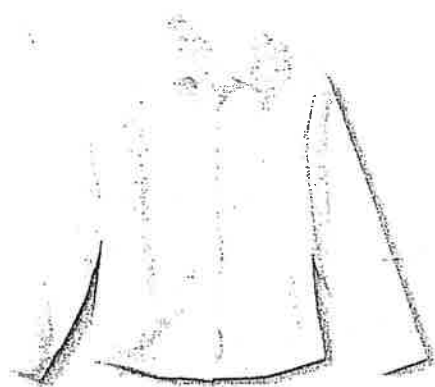
We look forward to providing you with all of your school uniform needs. Thank you again for choosing Lands' End School!

Your Lands' End School Team

"I think the quality of Lands' End uniforms are wonderful. Having 2 active boys I need the clothes to stand up to a lot. They wash beautifully-grass, pen and food stains come out with ease. The style and fit are also great!"
-Dawn H. a parent

LANDS' END SCHOOL

800-469-2222 • landsend.com/school



White oxford



Black, button-down
cardigan

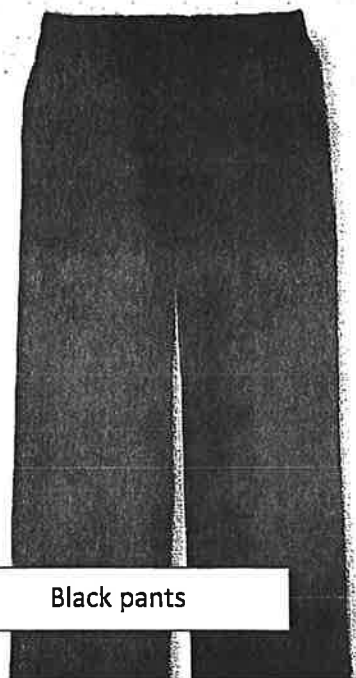


Black sweater vest

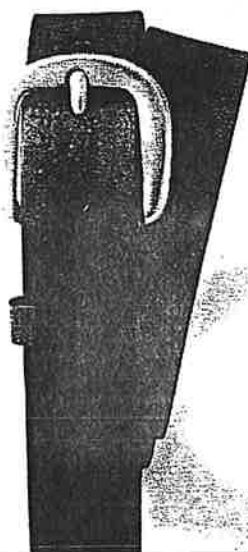
These items are considered a part of the official Great Path Academy Uniform and are available online through Land's End. Directions for ordering are attached.



The Great Path Academy Logo will appear in black embroidery on white material and in white embroidery on the black material for tops.



Black pants



Plain black belt



Black knee-length, A-line
skirt



School Uniform Store

Sold exclusively by
THE CONNECTICUT SHIRT MAN Inc.
 Our NEW EastHartford address:
 70 Tolland Street (off Burnside Ave)
 860.523.8900
 Store Hours:
 Mon-Fri 9-5, Sat 10-4

To order call toll free 800.348.7679
 or on-line at OnLineGearStore.com/gp



Oxford **#GP-5**

Easy care 55/45 cotton/polyester blend fabric. Stain and wrinkle resistant, with a full button front and cuffs. Mens and womensizes in french blue only.

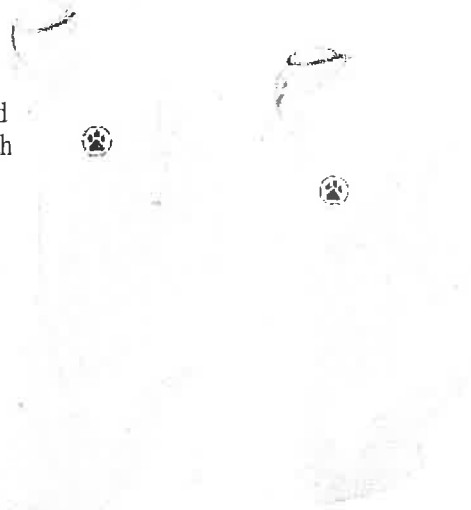
Mens S, M, L, XL \$22.00

2XL, 3XL \$24.00

Womens S, M, L, XL \$22.00

2XL, 3XL \$24.00

Available in blue and white.



Cardigan Sweater **#GP-4**

Our sweaters are constructed of sturdy and easy-care acrylic polyester. They feature a button front, two side pockets and longer cut. Unisez sizing, black only.

Youth M, L, XL \$30.00

Adult S, M, L, XL \$30.00

2XL, 3XL \$32.00

Sweater Vest **#GP-6**

Same great acrylic Unisez sizing, black only.

Youth M, L, XL \$28.00

Adult S, M, L, XL \$28.00

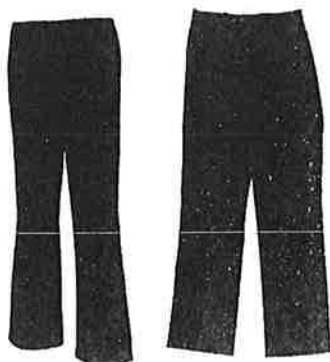
2XL, 3XL \$30.00



*Cardigan sweater and vest
 available in black only.*

Uniform Pants

We carry several brands, including Dickie's for women. Our pants have a flat front and front and back pockets. Prices range depending on brand and style. Stop by our NEW East Hartford store and try them on for size.



www.CTshirtman.com

1.800.348.7679

Questions on orders: spot@ctshirtman.com