



# SOUTHERN WESTCHESTER BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

## CENTER FOR CAREER SERVICES SW BOCES AUDIO VISUAL CLUB APPROVAL FORM

I give permission for \_\_\_\_\_  
(STUDENT'S NAME – PLEASE PRINT)

to participate in the SW BOCES Audio Visual Club, in room B-102 at the Center for Career Services in Valhalla, NY. I understand this activity will take place after 2:30pm which is after regular school hours. Parents/Guardians are responsible for dropping students off after 2:30pm at B-Building and to pick them up at the arranged time with the teacher. If the student is staying at BOCES after the bell rings, instead of taking the bus, this must be stated to the teacher beforehand. Parents/Guardians will be responsible to transport the student home regardless. **A written permission by the parents/guardian must accompany this signed form if the student is being picked up by a family member or taking other transportation services.**

This is an after-school program where the teachers are volunteering their time for the students to complete their work to be used for college applications, projects and finishing portfolios. This will also count towards Work-Based Hour needed to graduate using the CDOS Credential. **To comply with CDC guidelines, students and teachers must wear a mask at all times during this time and comply with social distancing.**

Since this is during Non-BOCES school time, the teachers, parents and students must coordinate time for the student to come in and get picked up. This will be dependent on the teacher's availability.

\_\_\_\_\_  
DATE & TIME OF DROP OFF

\_\_\_\_\_  
DATE & TIME OF PICKUP

\_\_\_\_\_  
EMERGENCY CONTACT #

\_\_\_\_\_  
HOME SCHOOL (PLEASE PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BOCES CCS SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CTE TEACHER SIGNATURE

\_\_\_\_\_  
CTE PROGRAM