



Dauphin County Technical School
Adult & Continuing Education
6001 Locust Lane
Harrisburg Pa 17109
AdultEd@DCTS.org
(717) 652-3170 ext. 7902

Parent/Guardian Permission Form

This form is to obtain permission for minors (under 18) to participate in an Adult & Continuing Education class at Dauphin County Technical School

Dauphin County Technical School

Adult & Continuing Education Program Parent/Guardian Permission Form for Minor Participation

Student Information

- Student's Full Name: _____
 - Date of Birth: ____ / ____ / _____
 - Address: _____
 - Phone Number: _____
-

Parent/Guardian Information

- Parent/Guardian Name: _____
 - Relationship to Student: _____
 - Phone Number: _____
 - Email: _____
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Purpose of this Form

Adult & Continuing Education Programs at Dauphin County Technical School are primarily designed for adult learners (age 18 and older). In special cases, students under the age of 18 may be permitted to enroll with **written parental/guardian consent.**

By signing this form, the parent/guardian acknowledges and approves their child's participation in an adult-level course, which may include:

- Interaction with adult students of varying ages and backgrounds.
- Course materials, discussions, and activities designed for adult learners.
- Evening or weekend class times and expectations for independent responsibility.

Acknowledgements

Please initial each statement:

____ I understand that my child will be enrolled in an **Adult & Continuing Education course** with adult students.

____ I accept that course content is intended for adult learners and may not be modified for younger students.

____ I understand that my child is expected to adhere to all **school rules, attendance policies, and classroom expectations**.

____ I give permission for Dauphin County Technical School to enroll my child in the selected program.

Course Information

- Course Title: _____
- Start Date: ____ / ____ / _____
- Instructor: _____

Parent/Guardian Consent

I, the undersigned, give permission for my child named above to enroll in and participate in the Adult & Continuing Education course listed. I understand and accept the conditions outlined in this form.

Parent/Guardian Signature: _____

Date: ____ / ____ / _____

School Approval

(For Office Use Only)

Approved by: _____ Date: _____

Title: _____
