FLORIDA HSHT STUDENT ENROLLMENT PACKET 2026 – 2027

PARENTAL RELEASE*

PARENT/GUARDIAN PLEASE CHECK BOX AND SIGN TO PROVIDE PERMISSION. AN UNCHECKED BOX WILL BE TAKEN AS NOT GRANTING PERMISSION

NAME OF HSHT STUDENT: _____

☐ I grant permission for the above-named student to participate in High School High Tech, a program of The Able Trust and its sub-contractor. The information collected in this packet will be used for enrollment purposes and data collection for reporting to the State of Florida and program funders.

☐ I grant The Able Trust and its sub-contractors permission to use the above named student's name and likeness in promotional materials, for educational purposes, and fundraising activities.

_____ _____

Parent/Guardian Signature Date

Parent Notice and Consent to Share Personally Identifiable Information

The High School High Tech program in which above named student is electing to participate, is delivered in collaboration with the Florida Dept. of Education, Division of Vocational Rehabilitation. To demonstrate that the student is eligible to participate in this program, evidence identifying the youth as a student with a disability must be obtained (e.g. an Individualized Education Plan or 504 Plan).

In accordance with Rule 6A-6.03028(3)(c), Florida Administrative Code, consent must be obtained before personally identifiable information (PII) is released to officials. PII may include student name, exceptional student classification, date of birth, psychological, educational, medical and other information deemed appropriate to document the student's disability status.

Please indicate your consent or refusal by checking one of the boxes on the following page. Be sure to sign and date the form before returning to the provider.

This Project Funded by The Able Trust and the Florida Division of Vocational Rehabilitation

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I understand my consent to share PII with the Florida Division of Vocational Rehabilitation is voluntary and can be revoked at any time. I can choose not to apply for VR Services or to close my VR case at any time.

☐ I give my consent for the provider to share personally identifiable information about my student with the Division of Vocational Rehabilitation.

☐ I DO NOT give my consent for the provider to share personally identifiable information about my student with the Division of Vocational Rehabilitation.

_____ _____

Parent/Guardian Signature Date

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