

# Application for Enrollment

School  
Year

Sending  
District

Student Information

Student's Full, Legal Name

Parent/Guardian Name(s)

Date of Birth

Social Security Number

Gender ☐ M ☐ F

Student ID # 9 Digits

Street Address

City

State

Zip Code

Expected  
Grade Level

Emergency Phone Number

Name & Relationship of Person, (Parent/Sibling) At Emergency Phone

Home Phone Number

Cell Phone # 1

Name & Relationship of Person, (Parent/Sibling) At Emergency Phone

E-mail Address

Cell Phone # 2

Name & Relationship of Person, (Parent/Sibling) At Emergency Phone

Name Attached to E-Mail Address

Work Phone

Name & Relationship of Person, (Parent/Sibling) At Emergency Phone

Program Information

Program Choice #1  Session Choice ☐ AM ☐ PM Start Date

Program Choice #2  Session Choice ☐ AM ☐ PM Start Date

Program Choice #3  Session Choice ☐ AM ☐ PM Start Date

Center Location ☐ F. Donald Myers Education Center, Saratoga Springs NY ☐ Southern Adirondack Education Center, Hudson Falls NY

Integrated Credit Request: ☐ English Language Arts ☐ Math ☐ CFM

Academic Information

Student's Current Diploma Track ☐ Regents ☐ TASC ☐ CDOS ☐ Other

Program Status: ☐ AHS ☐ TASC ☐ SPED Program Location: ☐ Home ☐ BOCES

Does this student have an IEP? ☐ Yes ☐ No If Yes, Indicate Classification: ☐ LD ☐ ED ☐ OHI ☐ SI ☐ Other

Does this Student have a 504 Plan? ☐ Yes ☐ No If this student is Declassified, are test accommodations required for this year? ☐ Yes ☐ No

IEP Direct Access: ☐ Yes ☐ No ***If Yes, please open access. If No, current IEP must accompany this form.***

Is this student eligible for free or reduced lunch? ☐ Yes ☐ No Is the Student a Single Parent? ☐ Yes ☐ No

Race/Ethnicity  ☐ McKinney-Vento Eligible ☐ Foster Care

Student Signature (if required by District) \_\_\_\_\_ Date

District Representative's Signature \_\_\_\_\_ Date

# Application for Enrollment (continued)

Student Strengths and Needs

Student Name

School District

In an effort to assist BOCES staff to understand and better accommodate for this student, please use this form to provide any additional information that may be valuable in this program placement.

- After reviewing the questions below, it has been determined that the information provided on the Application for Enrollment is sufficient for this student's placement. No additional information is necessary for a successful CTE program placement. This program is recommended with very few reservations.
- ☐ The information below will be beneficial in understanding and meeting the needs of the student.
- ☐ The appropriateness of this program is in question, and periodic review is recommended.

Information in the following areas may be valuable to consider. **Please check all that apply**

- |                                   |                                     |                                   |  |
|-----------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Attendance | <input type="checkbox"/> Academic | <input type="checkbox"/> Medical                   |
| <input type="checkbox"/> Social   | <input type="checkbox"/> Legal      | <input type="checkbox"/> Safety   | <input type="checkbox"/> Outside agencies/Supports |

Please comment on checked items and attach supporting documentation (i.e. behavior/attendance report)

Is there a behavior plan in place? ☐ Yes (please attach) ☐ No

Please list interventions that have been successful

What motivates this student?

What are this student's career/employment goals?

CSE Chairperson X \_\_\_\_\_

Date

District Guidance Counselor X \_\_\_\_\_

Date