

Early College Career Academy: *An Early College High School Program*

APPLICATION INSTRUCTIONS

You may either print and fill this application out by hand, or download it and fill it in on your computer.

To fill it out on your computer:

1. Begin by saving a copy of this application to your computer. We suggest using your last name as part of the file name to differentiate your application from the blank template. Be sure to save the file in a location (folder) on your computer that will be easy to find.
2. **Close your web browser prior to filling in the application.**
3. Open the saved file to begin completing the application. It is recommended that you enter your school and name, save the document and reopen it to ensure that the version of the program you are using is functioning correctly.
4. Complete the application by typing your information in the fields. Certain areas of the form contain check boxes or buttons; simply click your mouse in the box/button you wish to choose. Remember to SAVE often.
5. When your application is complete, you may either:
Print and sign it where indicated, and along with your essay, give it to your high school counselor.
OR
Email it and your essay to your high school counselor.

Student Instructions:

Student's need to fill out the following sections of the application:

- PART 1
- PART 2A
- PART 2C

Once you have completed the application and written your essay, sign your application and give it, and your essay, to your high school counselor.

Counselor Instructions:

Counselors need to fill out the following sections of the application:

- PART 2B
- PART 2D

Once you have completed your portion of the application, attach any supporting materials required (e.g., IEP), sign it and, if required, obtain the signature of any other district representative.

Send the completed application to:

Electrical Technology/Advanced Manufacturing

Tracy Rockenstyre
CTE, Southern Adirondack Education Center
1051 Dix Avenue, Hudson Falls, NY 12839

IT Computer Networking

Holly McArthur
CTE, F. Donald Myers Education Center
15 Henning Road, Saratoga Springs, NY 12866

New Media

Northern Schools:
Tracy Rockenstyre
CTE, Southern Adirondack Education Center
1051 Dix Avenue, Hudson Falls, NY 12839

Southern Schools:
Holly McArthur
CTE, F. Donald Myers Education Center
15 Henning Road, Saratoga Springs, NY 12866

Early College Career Academy: An Early College High School Program

2016-2017 APPLICATION FOR ENROLLMENT

PART I: To be completed by the student applicant.

Home District

Last Name

First Name

M.I.

Parent/Guardian Name

Birth date - dd/mm/yyyy

☐ M ☐ F
Gender

Student ID # 9 Digits

Ethnicity (optional)

Street Address

City/Town/Village

New York

Zip code

Expected Grade Level in Fall 2016

Emergency Phone # - (xxx) xxx-xxxx

Name & Relationship of Person (Parent/Sibling)

Home Phone # - (xxx) xxx-xxxx

Cell Phone # - (xxx) xxx-xxxx

Name & Relationship of Person (Parent/Sibling)

E-mail address

Cell Phone # - (xxx) xxx-xxxx

Name & Relationship of Person (Parent/Sibling)

Name attached to e-mail address

Work Phone # - (xxx) xxx-xxxx

Name & Relationship of Person (Parent/Sibling)

Program Choice #1

If your program choice is NEW MEDIA,
choose a Campus Location Preference

Program Choice #2

☐ SUNY ADK - Queensbury

Program Choice #3

☐ SUNY ADK - Wilton

Prepare a 200-300 word autobiographical essay. Include your reason(s) for applying to this program.

Please type your essay using a 12 point font and attach it to this application form.

Student Signature

Date:

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PART 2A: To be completed by the student applicant.

Applicant's Name

PART 2B: To be completed by the student's counselor.

Counselor's Name

Counselor's Phone # - (xxx) xxx -xxx

Administrator's Name

How long have you known the applicant?

Counselor's E-mail

Counselor's Fax # - (xxx) xxx xxxx

Administrator's E-mail

Attendance: # of days student was absent in
2014-2015 school year

Is this applicant on track to graduate with their cohort? ☐ Yes ☐ No

What type of diploma is the applicant pursuing?

What is the applicant's current GPA

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

Does the student have a 504? ☐ Yes ☐ No If this student is Declassified, are test accommodations ☐ Yes ☐ No required?

If Yes, please open access. If No, current IEP must accompany this form.

Is this student eligible for free or reduced lunch? ☐ Yes ☐ No ☐ McKinney-Vento Eligible ☐ Foster Care

Please rate the applicant's characteristics below using the following key:

1 = Unacceptable 2 = Below Average 3 = Average 4 = Above Average 5 = Outstanding

Academic Ability

Respectfulness

Self-Confidence

Ability to Collaborate

Conduct

Effort

Works Independently

Participation in Class

Articulates Thoughts

Self Discipline

Motivation

Conflict Resolution

Leadership

Accepts Correction

Displays Integrity

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PART 2C: To be completed by the student applicant.

Applicant's Name

PART 2D: To be completed by the student's counselor.

Please comment on the applicant's strengths

Please comment on the applicant's challenges

Counselor's Signature _____

Date: _____

Principal/District Representative's Signature _____

Date: _____