



**CTE/IP/ALT ED STUDENT APPLICATION SCHOOL YEAR 20\_\_ to 20\_\_**  
**(for use with all RETURNING students or NEW student ONLINE REGISTRATION ONLY!)**

Northern Catskills Occupational Center  Otsego Area Occupational Center   
 Career and Technical Education  NCOC All Day CTE  Alternative Education  Innovative Programs

**COMPLETED APPLICATION, UPDATED IEP, AND TRANSCRIPTS REQUIRED BEFORE ACCEPTANCE INTO ANY PROGRAM  
 IF IP STUDENT, A STUDENT SERVICES REQUEST FORM MUST ALSO BE COMPLETED**

**STUDENT SCHOOL INFORMATION/CTE SELECTION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Incoming Grade \_\_\_\_\_ Attending District/School \_\_\_\_\_ Student District of Residence \_\_\_\_\_  
 CTE/IP Course Selection \_\_\_\_\_ 1<sup>st</sup> Year P.M.  2<sup>nd</sup> Year A.M.   
 Diploma Track \_\_\_\_\_ Regents  Local  CDOS  GED  Gender: Male  Female   
 Is the applicant currently eligible for free  reduced  lunch?

**STUDENT INFORMATION**

Student's Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Student Cell \_\_\_\_\_ Student Email \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Race White  Black or African American  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander   
 Hispanic or Latino  *If Hispanic or Latino, must also choose one of the following:*  
 White  Black or African American  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander

**PARENT / GUARDIAN INFORMATION (Select one box in each area)**

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
Name _____			Name _____		
Mailing Address _____			Mailing Address _____		
911 Address _____			911 Address _____		
Home Phone _____			Home Phone _____		
Work/Cell Phone _____			Work/Cell Phone _____		
Email _____			Email _____		

**PARENT / GUARDIAN AUTHORIZATION**

I hereby approve of my son/daughter/ward entering the above named Program. I understand that some CTE programs may require a fee or purchase. (i.e., safety shoes, glasses, clothing, welding helmets, Cosmetology kit, student leadership fees, classroom fees, etc.) I agree to provide my student with any such uniform, equipment, or fee needed for the course. I further grant him/her permission to operate power equipment or tools which may be used in this program. In the event that an emergency arises that requires immediate action, I authorize ONC BOCES to take my child to the nearest hospital, by ambulance if necessary. I acknowledge that any medical fees or expenses incurred will be referred to the sending school district. In the event of an emergency, if parents/guardians cannot be reached, please call:

Relative's name and relationship _____	Address _____	Phone _____
Friend's name and relationship _____	Address _____	Phone _____
Parent/Guardian Signature _____	Date _____	

**COMPONENT DISTRICT SCHOOL NURSE – MEDICATIONS - LIMITATIONS**

Please provide medications taken and health limitations. This information will be kept confidential.

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

**HOME SCHOOL GUIDANCE/CSE CHAIR APPROVAL & CONSULTANT SERVICES REQUEST**

Does the applicant have an IEP or 504 Accommodation Plan? ..... Yes IEP  Yes 504  No   
**PLEASE ATTACH A COPY OF THE STUDENT'S IEP/504 TO THIS APPLICATION**

**CONSULTANT TEACHER SERVICES REQUESTED:** Yes  \_\_\_\_\_ Minutes per week No   
 Guidance Counselor/CSE Chair Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

**HOME SCHOOL DISTRICT SUPERINTENDENT'S or PRINCIPAL'S APPROVAL**

I have reviewed and support this application.

Superintendent/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

*No student shall, on the basis of gender, race, color, national origin, disability, age, creed, religion, marital status, sexual orientation, or other legally protected status be excluded from participation in, be denied benefits of, or otherwise be subject to unlawful discrimination under any BOCES program or activity.*