



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/Alt Ed Selection _____ 1st Year P.M. 2nd 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.