



CTE/IP/ALT ED STUDENT APPLICATION SCHOOL YEAR 20__ to 20__
(for NEW IP/Alt. Ed. and CTE if not registered in DISTRICT PORTAL)

Northern Catskill Occupation Center [] Otsego Area Occupational Center []
Career and Technical Education [] NCOC All Day CTE [] Alternative Education [] Innovative Programs []

STUDENT / SCHOOL INFORMATION

Last Name First Name MI
Student District ID Incoming Grade Date Entered 9th Grade
High School Attending Student District of Residence
Diploma Track Regents [] Local [] CDOS [] GED []

STUDENT INFORMATION

Student's Street Address Apt. No.
City State Zip
Phone No. Student's Email
Date of Birth City, State & County of Birth Gender: Male [] Female []
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 []
Language: If not English, please state language spoken at home:

PARENT / GUARDIAN INFORMATION

Father's Name Mother's Name
Father's Mailing Address Mother's Mailing Address
Father's 911 Address Mother's 911 Address
Father's City, State, Zip Mother's City, State, Zip
Father's Home Phone Mother's Home Phone
Father's Work / Cell Phone Mother's Work / Cell Phone
Father's Email Mother's Email
Guardian's Name Guardian's Phone
Guardian's Mailing Address Guardian's Work / Cell Phone
Guardian's 911 Address Guardian's Email
Guardian's City, State, Zip

PLEASE ANSWER ALL QUESTIONS

Is the applicant currently classified by the home school district Committee on Special Education?..... Yes [] No []
Is the applicant economically disadvantaged?..... Yes [] No []
Is the applicant currently eligible for free [] or reduced [] lunch?..... Yes [] No []
Is the applicant an English Language Learner?..... Yes [] No []
Is the applicant a single parent?..... Yes [] No []
Is the applicant a displaced homemaker?..... Yes [] No []
Is the applicant homeless?..... Yes [] No []
Is the applicant a migrant?..... Yes [] No []

CIVIL RIGHTS INFORMATION (Required for compliance with Federal Civil Rights Mandates)

DISABILITY CODE Please check one
[] Not Disabled [] Hearing Impaired [] Multiple Disabled [] Traumatic Brain Injury
[] Autistic [] Learning Disabled [] Orthopedically Impaired [] Visually Impaired
[] Deaf [] Intellectually Disabled [] Other Health Impaired [] Other _____
[] Emotionally Disabled [] Developmentally Delayed [] Speech Impaired
DISADVANTAGED CODE Please check one
[] None [] Socioeconomic Program [] Limited English Speaking [] Requires Related Services [] Academic
[] Cultural [] Requires Specially Designed Educational Program [] Other Barriers to Academic Achievement

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.



CTE/IP/ALT ED STUDENT APPLICATION SCHOOL YEAR 20__ to 20__
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CTE COURSE SELECTION AND AUTHORIZATION

Name _____ School _____

CTE/IP Course Selection _____ 1st Year P.M. 2nd Year A.M. All Day

This registration form does not guarantee admission to the course you desire. If you change your mind about enrolling, you **MUST** notify your home school guidance counselor immediately.

Student Signature: _____ Date: _____

REQUIRED DOCUMENTS (must be attached in order for student to attend designated program)

CTE: IEP/504, Permanent Transcript	Innovative Programs : IEP/504, Permanent Transcript, Attendance Record, Academic Record, Most Recent Free/Reduced Lunch Form, Permanent Health Record, Report Cards, Discipline Record, BIP, Achievement/IQ Data	Alternative Education: IEP/504, Permanent Transcript, Attendance Record, Academic Record, Most Recent Free/Reduced Lunch Form, Permanent Health Record, Report Cards, Discipline Record, BIP, Achievement/IQ Data
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Verify with check mark \checkmark that copies of all required documents are attached:

IEP 504 Permanent Transcript Attendance Record Academic Record Free/Reduced Lunch Form
 Permanent Health Record Report Cards Discipline Record BIP Current Achievement/IQ Data

HOME SCHOOL GUIDANCE/CSE CHAIR APPROVAL & CONSULTANT SERVICES REQUEST

Does the applicant have an IEP or 504 Accommodation Plan? **(MUST BE ATTACHED)**.....Yes IEP Yes 504 No

Does the applicant require testing modifications as designated on the current IEP or 504 Plan?.....Yes No

Does the applicant require a 1:1 aide?.....Yes No

Consultant Teacher Services RequestYes _____ Minutes per week No

Integrated credit(s)* required: ELA Math Science Other _____

**not all programs are approved for integrated credit, please review approval chart*

HEALTH LIMITATIONS/MEDICATIONS/HOME SCHOOL NURSE SIGNATURE

Health Limitations/Medications: _____

School Nurse Signature: _____

Guidance Counselor/CSE Chair Signature(s): _____ Date: _____

HOME SCHOOL DISTRICT SUPERINTENDENT'S or PRINCIPAL'S APPROVAL

I have reviewed and support this application. Comments (optional): _____

Superintendent/Principal Signature: _____ Date: _____

PARENT/GUARDIAN PERMISSION AND EMERGENCY AUTHORIZATION

I hereby approve of my son/daughter/ward entering a program provided by ONC BOCES. I understand and agree that my son/daughter/ward will not be allowed to drive to school unless prior approval has been granted, first, by the Component School Administrator and, second, by the ONC BOCES Building Administrator. Furthermore, I release ONC BOCES from any liability for injury incurred in the normal presentation of my child's performance. This application form does not guarantee admission to the program requested. I understand that my component school district is making a financial commitment to enable my child to attend this program. I will support this commitment by encouraging my child to take full advantage of this opportunity by fulfilling course requirements, maintaining good attendance, and following all ONC BOCES rules and regulations.

In the event that an emergency arises that requires immediate action, I authorize ONC BOCES to take my child to the nearest emergency first aid station, or hospital, by ambulance, if necessary. I acknowledge that any medical fees or expenses incurred will be referred to my component school district. In the event of an emergency, if parents/guardians cannot be reached, please call:

Emergency Contact name & relationship	Address	Phone
Emergency Contact name & relationship	Address	Phone
Parent or Guardian Signature		Phone