



**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 9<sup>th</sup> 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*

<input type="checkbox"/> Not Disabled	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Multiple Disabled	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Autistic	<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Orthopedically Impaired	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Deaf	<input type="checkbox"/> Intellectually Disabled	<input type="checkbox"/> Other Health Impaired	<input type="checkbox"/> Other _____
<input type="checkbox"/> Emotionally Disabled	<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> 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\_\_**  
**(for new IP/Alt. Ed. and CTE if not registered online)**

**CTE COURSE SELECTION AND AUTHORIZATION**

Name \_\_\_\_\_ School \_\_\_\_\_

CTE/IP/Alt Ed Selection \_\_\_\_\_ 1<sup>st</sup> Year P.M.  2<sup>nd</sup> 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)**

<b>CTE:</b> IEP/504, Permanent Transcript	<b>Innovative Programs :</b> 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	<b>Alternative Education:</b> 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 Request .....Yes  \_\_\_\_\_ 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