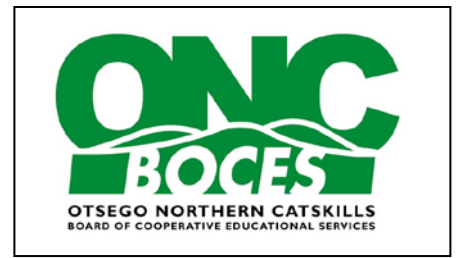


New Visions Engineering Application



**Otsego Area Occupational Center
PO Box 57, 1914 Cty. Rt. 35
Milford, NY 13807
607-286-7715**

*The New Visions Engineering Program is an all-day program for seniors. It provides an exciting and challenging program that prepares students for success in college and careers. Entrance requirements can be found on page 2. The application and supporting materials are to be **submitted to your Guidance Counselor**, who will then forward them to Kristin Steigmeier via email at ksteigmeier@oncbooces.org or at the Northern Catskills Occupational Center.*

Student Name: _____ **School:** _____

Completed Application Packets must contain the following:

- 1) A completed application form with signatures.
- 2) A copy of your high school transcript and attendance record.
- 3) An essay (see page 2 for topic).
- 4) Two letters of recommendation: one from a high school Math or Science Teacher and one from your school Principal or Guidance Counselor.

* If accepted to the New Visions program, the student will be required to complete all items and forms within their entrance packet. This includes but is not limited to: emergency forms, health information, technology use agreements, and code of conduct.

Questions? Ryan Demars, Principal, Otsego Area Occupational Center
rdemars@oncbooces.org (607) 286-7715 x3106
David Morell, STEM Instructor, New Visions Engineering, Otsego Area Occupational Center
dmorell@oncbooces.org (607) 286-7715 x3116

Thank you for your interest in the New Visions Program.

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 the benefits of, or otherwise be subject to unlawful discrimination under any career and technical education program or activity.

Personal and Career Interests

What are your career goals?

What are your favorite subjects in school and why?

List all school clubs, sports, and extracurricular activities you are involved in.

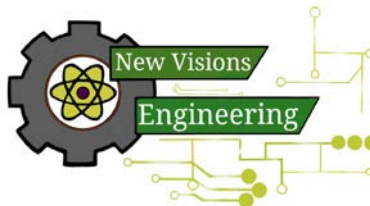
List all community organizations, volunteer work, and leadership roles you participate in.

What valuable experiences you have had (paid, volunteer, life, etc...)?

Suggested Entrance Requirements

Applicants for the New Visions Engineering Program must make a commitment to have excellent attendance, act professionally in the classroom and on field trips, and to complete assignments to a high standard. Specific entrance requirements are listed below. Should you fall short of some of the entrance requirements, you may still apply; however, you *must* explain in writing why you believe you will be successful in New Visions so that your application may be evaluated by BOCES to determine eligibility.

1. 3 credits of math, up to and preferably including Trigonometry or pre-Calculus. 3 credits of science completed, up to and preferably including Chemistry.
2. An 85% Grade Point Average. Grades of 90% in mathematics and science, including Regents scores.
3. Excellent attendance record.
4. Applicants must submit a minimum 250 word essay with this application answering the following:
If you were granted the opportunity to build anything, what would you choose to build and why? What resources (i.e. materials, labor) would you need to complete the project?
5. Meet your component school's graduation requirements in achieving a Regents Diploma.





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 Specific 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__
(for new IP/Alt. Ed. and CTE if not registered online)

CTE COURSE SELECTION AND AUTHORIZATION

Name _____ School _____

CTE/IP/Alt Ed 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