

# ONC BOCES ONLINE COURSE STUDENT REGISTRATION FORM

\*Areas **MUST** be filled in

Please type or print to ensure accuracy

## STUDENT INFORMATION

FIRST NAME\* LAST NAME\* D/O/B\* GENDER\*

STUDENT EMAIL ADDRESS STUDENT IEP\* SPECIAL EDUC\* ALT-ED\* 504 STUDENT\*

## REQUESTED COURSE ENROLLMENT

COURSE NAME\* COURSE SUBJECT AREA\* REASON FOR COURSE\* MEETING TIME

## PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME CONTACT NUMBER PARENT/GUARDIAN EMAIL ADDRESS

## DISTRICT INFORMATION

SCHOOL DISTRICT\* CURRENT GRADE LEVEL\* ANTICIPATED GRAD DATE\* COUNSELOR\*

TEACHER OF RECORD (TOR)\* TOR EMAIL ADDRESS\* TOR SUBJECT AREA\*

TEACHER OF RECORD AFFIRMS THEY WILL REVIEW ONLINE COURSE CONTENT TO ASCERTAIN THAT IT ALIGNS TO NYS & THE DISTRICT SCHOOL CURRICULUM REQUIREMENTS.

TOR SIGNATURE\* \_\_\_\_\_ ASSIGNED TEACHER\* \_\_\_\_\_

## REQUIRED SIGNATURES

STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRICT COUNSELOR\* \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRICT ADMINISTRATOR\* \_\_\_\_\_ DATE: \_\_\_\_\_

ONC ADMINISTRATOR\* \_\_\_\_\_ DATE: \_\_\_\_\_

ONC COUNSELOR\* \_\_\_\_\_ DATE: \_\_\_\_\_

ONC HR PERSONNEL\* \_\_\_\_\_ DATE: \_\_\_\_\_

ONC DL SPECIALIST \_\_\_\_\_ DATE: \_\_\_\_\_

## OFFICE USE ONLY

STUDENT ORIENTATION COMPLETED: \_\_\_\_\_ TEACHER ORIENTATION COMPLETED: \_\_\_\_\_

STUDENT USERNAME: \_\_\_\_\_ TEACHER USERNAME: \_\_\_\_\_

STUDENT TEMPORARY PASSWORD: \_\_\_\_\_ TEACHER TEMPORARY PASSWORD: \_\_\_\_\_