



**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  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 <input type="checkbox"/>	Local <input type="checkbox"/> CDOS <input type="checkbox"/> GED <input type="checkbox"/>

**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: M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/>
Race: _____	White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>If Hispanic or Latino, must also choose one of the following:</i> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>
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"/> Specific 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*

<input type="checkbox"/> None	<input type="checkbox"/> Socioeconomic Program	<input type="checkbox"/> Limited English Speaking	<input type="checkbox"/> Requires Related Services	<input type="checkbox"/> Academic
<input type="checkbox"/> Cultural	<input type="checkbox"/> Requires Specially Designed Educational Program	<input type="checkbox"/> 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  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