



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

Northern Catskill Occupation Center [] Otsego Area Occupational Center []

Career and Technical Education [] All Day CTE [] Alternative Education [] Innovative Programs []

STUDENT / SCHOOL INFORMATION

Last Name _____ First Name _____ MI _____
Student District ID _____ Current 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



CTE COURSE SELECTION AND AUTHORIZATION

Name _____ School _____
 Program 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 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