**ST. LAWRENCE-LEWIS BOCES**

**CAREER AND TECHNICAL EDUCATION STUDENT ENROLLMENT FORM**

**SCHOOL YEAR 20****to 20**

Northwest CTE Center  Seaway Area CTE Center  Southwest CTE Center

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **STUDENT / SCHOOL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | First Name | | | |  | | | | | | MI |  |
| Current Grade | | | |  | | | Gender | M  F | | | | Date of Birth | | |  | | | | |
| Race: | White  Black or African American  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander | | | | | | | | | | | | | | | | | | |
| District | |  | | | | | | | | | | |  | | |  | | | |
| CTE Course Selection #1 | | | | |  | | | | | CTE Course Selection #2 | | | |  | | | | | |
| Hispanic/Latino Origin or Descent | | | | | | Yes  No | | | Language spoken at home if not English: | | | | | | | |  | | |
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| **PARENT / GUARDIAN INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| Students **Primary** Residence: | | | | | | | | Both Parents  Mother Only  Father Only  Guardian | | | | | | | | | | | | | | |
|  | | | | | | | | Other | | - Relation to Student: | | | | |  | | | | | | | |
| Legal Custody: | | | Both Parents  Mother Only  Father Only  Guardian  Other | | | | | | | | | | | | | | | | | | | |
|  | | | Other  - Relation to Student | | | | | | | |  | | | | | | | | | | | |
| *In the event of the presence of a court order preventing contact of a non-custodial parent, a copy of the court order must be provided to the CTE Center Guidance Office.* | | | | | | | | | | | | | | | | | | | | | | |
| Father’s Name | | |  | | | | | | | | | Mother’s Name | | | | |  | | | | | |
| Street Address | | |  | | | | | | | | | Street Address | | | | |  | | | | | |
| Town |  | | | | | | Zip Code | |  | | | | Town |  | | | | | | | Zip Code |  |
| Father’s Home Phone | | | | | |  | | | | | | Mother’s Home Phone | | | | | | |  | | | |
| Father’s Work | |  | | | | | | | | | | Mother’s Work | | | |  | | | | | | |
| Father’s Cell | |  | | | | | | | | | | Mother’s Cell | | | |  | | | | | | |
| Father’s Email | | | |  | | | | | | | | Mother’s Email | | | | | |  | | | | |
| Guardian’s Name | | | | |  | | | | | | | Guardian’s Home Phone | | | | | | | |  | | |
| Guardian’s Address | | | | |  | | | | | | | | | | | | | | | | | |
| Guardian’s Email | | | | |  | | | | | | | Guardian’s Work / Cell Phone | | | | | | | | |  | |
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| **EMERGENCY CONTACTS – *IF PARENTS/GUARDIANS CANNOT BE REACHED*** | | | | |
|  |  |  |  |  |
| Name |  | Relationship |  | Phone |
|  |  |  |  |  |
| Name |  | Relationship |  | Phone |
|  |  |  |  |  |

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| **MEDICAL INFORMATION – *CONFIDENTIAL AND WILL ONLY BE USED IN THE EVENT OF AN EMERGENCY*** | | | | | | | | | | |
| Please list your son/daughter’s medical conditions and known allergies: | | | | |  | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Medications your son/daughter may take prior to or during school:  (*This is confidential and will only be used in the event of an emergency)* | | | |  | | | | | | |
|  | | | | | | | | | | |
| Family Doctor |  | | | | | | | Phone | |  |
| Preferred Health Care Center | | |  | | | | | |  |  |
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| **Student Name:** |  | | **District:** | |  | | |
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| **PARENT / GUARDIAN AUTHORIZATION** | | | | | | | |
| * In the event the above noted student becomes ill or injured and I cannot be contacted, I grant permission to have him/her transported to the emergency room of the local hospital for treatment. I give my consent for staff and rescue squad members to use their judgment in securing medical aid and ambulance service. * I grant permission for my son/daughter to participate in regularly scheduled activities and field trips. * I authorize staff to release the appropriate personal and/or academic information from my son/daughter’s record to potential employers, post-secondary schools and the military as requested unless I sign off not giving permission. * I grant permission for photos of my son/daughter to be used in school publications, news releases, media presentations and website. This authorization will be valid for a two-year period. * I acknowledge the computer system may allow my son/daughter access to external computer networks not controlled by the CTE Center. I understand that some of the material available through these external networks may be inappropriate and objectionable. It is impossible to screen and review all materials. I accept responsibility to set and convey standards for appropriate and acceptable use for my son/daughter when using the computer or any other electronic media or communications. * I agree to release the St. Lawrence-Lewis BOCES, its agents and employees from any and all claims of any nature arising from my son/daughter’s use of the computer system in any manner whatsoever. I agree that my son/daughter may have access to the computer system and this may include remote access from home. | | | | | | | |
|  | | |  |  | | | |
| Parent/Guardian Signature | |  | | | | Date |  |
|  | | | | | | | |

*The St. Lawrence-Lewis BOCES advises students, parents, employees and the general public that it offers employment and educational opportunities without regard to race, color, national origin, ethnic group, religion, age, weight, marital status, disability, gender or sexual orientation. SLL BOCES is an Equal Opportunity Employer.*

**NEW STUDENT - CAREER AND TECHNICAL EDUCATION ENROLLMENT RECORD**

***(TO BE COMPLETED BY HOME SCHOOL GUIDANCE DEPARTMENT)***

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| **STUDENT NAME AND COURSE SELECTION** | | | | | | | | | | | | |
| *STUDENT RECORD – PLEASE SUBMIT THE STUDENT’S ACADEMIC TRANSCRIPT* | | | | | | | | | | | | |
| Student Name |  | | | | | | | | District |  | | |
| CTE Course Selection | | |  | | | | | | Grade Level In September | | |  |
| 9th Grade Entry Date | |  | | Student Attending 1 Year only as a Senior?  Student will be attending Alt. Ed: | | | | | | | | |
|  | | *(MM/YYYY)* | | |  | | | | | | | |
| Student District of Residence if different than above | | | | | | | |  | | | | |
| High School Graduation Path: | | | | | | Regents  Advanced Regents  Local  CDOS Credential  SACC (Skills & Achievement)  AHSEP (TASC) | | | | | | |
| Student expected to earn Honors designation | | | | | | |  | |  | |  | |

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| **PLEASE ANSWER ALL QUESTIONS** |
| Is the applicant economically disadvantaged? ………………………………………………………………. Yes  No  Is the applicant currently eligible for **free**  or **reduced**  lunch? ………………………………………. 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 student? …………………………………………………………………………... Yes  No |

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| **HOME SCHOOL GUIDANCE APPROVAL** | | | | | | | | | | |
| *PLEASE ATTACH A COPY OF THE STUDENT’S IEP/504 WITH THIS APPLICATION* | | | | | | | | | | |
| Student has an: | IEP | | 504 | | Disability Classification: | | | | | |
| Student receives: | | Individual Aide  Other: | | | | | | | | |
|  | | | | |  |  | | | |  |
| Has the student been declassified? | | | | Yes  No | | Still receives test mod’s: | | | | Yes  No |
| Will home school be purchasing Consultant Teacher Services at the CTE Center? | | | | | | | | | Yes  No | |
| Has student experienced any of the following during the past year? | | | | | | | | Behavioral Issues  Emotional Issues  Superintendent Hearing | | |
| Other Information we should know to better serve this student: | | | | | | |  | | | |
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| **HOME SCHOOL APPROVAL (Principal, Guidance Counselor, Nurse and District Superintendent)** | | | |
| I have reviewed and support this application. Additional Information: | |  | |
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|  |  | |  |
| School Nurse’s Signature |  | | Date |
|  |  | |  |
| Principal/Guidance Counselor Signature |  | | Date |
|  |  | |  |
| Superintendent Signature (ASHEP and Career Prep Students Only) |  | | Date |