

Please turn completed form into your Counselor as-soon-as-possible. Programs fill quickly!

### Career and Technical Education Registration Information

Oneida BOCES - Box 70 - New Hartford, NY 13413-0700

#### STUDENT INFORMATION (to be filled in by parent/guardian)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
Last First M.I. MM-DD-YYYY

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip Code Area code only if not 315

Please fill in all Parent/Guardian information below that applies. (A Primary Parent/Guardian is a person student lives with.)

Primary Parent/Guardian Prefix (please circle): Mrs. Ms. Miss Mr. Dr. Rev. If not in list, write prefix: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Parent/Guardian Work Phone: \_\_\_\_\_ Primary Parent/Guardian Cell Phone: \_\_\_\_\_

Other Parent/Guardian Prefix (circle): Mrs. Ms. Miss Mr. Dr. Rev. If not in list, write prefix: \_\_\_\_\_

Other Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Does student live with Other Parent/Guardian?: Yes No If No, fill in address & phone below

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(If different than student's) Street City State Zip Code (If different than student's)

Other Par/Guar Relationship: \_\_\_\_\_ Does Other Parent/Guardian receive school mailings?: Yes No

#### EMERGENCY AUTHORIZATION, MEDICAL INFO, & PARENT/GUARDIAN PERMISSION (to be filled in by parent/guardian)

I hereby approve of my son/daughter entering the one or two year program (see Program Selection below) at the Career and Technical Education Center. I agree to provide him/her with the uniform or equipment needed for the program. I further grant him/her permission to operate power equipment that may be used in this program, after proper instructions have been given for its operation. I understand that my son/daughter will be given a Code of Conduct that he/she will be required to sign and abide by to remain in his/her program of study.

Should an emergency arise that requires immediate action, I authorize BOCES to take my child to the nearest emergency first aid station or hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred. If my child must be taken home and **parent/guardian can not be reached, please call:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Does student have any special conditions, requirements, medications, or anything the classroom teacher should know about? Yes No

If YES, please list: \_\_\_\_\_

Allergies? Yes No To what? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### PROGRAM & HOME SCHOOL INFORMATION (to be filled in by counselor - dropdowns/type-ins provided)

Program Selection: \_\_\_\_\_

Currently Enrolled in CTE? \_\_\_\_\_ Current Program: \_\_\_\_\_

*This registration form does not guarantee admission to the program you desire. You will be notified at a later date if you are not accepted. If you change your mind about enrolling, you must notify your school counselor immediately.*

School District \_\_\_\_\_ Proctor Acad./ND, MSA, Bridges Dist. \_\_\_\_\_ Grade Sept. '20 \_\_\_\_\_ District Student ID \_\_\_\_\_

School Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Counselor's Email \_\_\_\_\_ Date \_\_\_\_\_

#### DATA FOR STATE/OTHER REPORTING (to be filled out by counselor - dropdowns/type-ins provided)

Please supply the following confidential data for State reporting purposes (not by name): **Check all that apply.**

Racial/Ethnic Group*	Check All Applicable*	Diploma Track*	Regents Testing
Hispanic*	___ Handicapped (IEP**)	Year Entered Grade 9*	<b>LIV ENV REQUIRED FOR CNA; OTHERS UPON REQUEST</b>
	___ 504 Plan		ELA Score ___ Living Env.*** Score ___
Home Language*	___ Behavioral Intervention Plan		Integ. Algebra Score ___ Global History Score ___
	___ English Language Learner		Geometry Score ___ US History Score ___
Immigrant*	___ Academically Disabled		Earth Science Score ___ <b>Days absent to</b>
	___ Economically Disabled		<b>Cumulative GPA:*</b> _____ <b>date in 2019-20*</b> _____

\*Required for All Students

\*\*\*Living Env. required for Cert. Nurse Asst.

\*\* CURRENT IEPs MUST BE PROVIDED TO OHM BOCES

BOCES does not discriminate on the basis of sex, color, nationality, handicap, or age.

Bridges Social Worker: \_\_\_\_\_