

New Visions Application AND Essay are due in the Counseling Office before April 1st

New Visions - Career and Technical Education Registration Information

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

STUDENT INFORMATION STUDENT INFORMATION (to be filled in by parent/guardian - please print)

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 program (see New Visions 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)

New Visions Program Selection*: _____ ** Credit may be awarded for English 12 and Social Studies 12 with successful completion of the New Visions Program.**

Currently Enrolled in CTE? _____ Current Program: _____

***Please attach an essay (at least one page) discussing a significant accomplishment, event, or realization of a goal. Discuss why this was your goal, how you achieved it, and what you learned from the experience.**

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*	State Testing*
Hispanic*	<input type="checkbox"/> Handicapped (IEP**) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Behavioral Intervention Plan	<input type="checkbox"/> <u>Year Entered</u> <input type="checkbox"/> <u>Grade 9*</u>	Regents: ELA Score _____ Living Env. Score _____ Integ. Algebra Score _____ Global History Score _____ Geometry Score _____ US History Score _____ Earth Science Score _____
Home Language*	<input type="checkbox"/> English Language Learner <input type="checkbox"/> Academically Disabled		Days absent to Cumulative GPA:* _____ date in 2019-2020* _____
Immigrant*	<input type="checkbox"/> Economically Disabled		Eng. 11 Grade to Date:* _____

*Required for All Students

** IEPs MUST BE PROVIDED TO OHM BOCES

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