

Oneida BOCES Career and Technical Education Registration Information

Box 70 - New Hartford, NY 13413-0700

STUDENT INFORMATION (please print)

Name: _____ Birth Date: _____ Age: _____ Gender: M F
Last First MI

Home Address: _____ Home Phone: _____
Street City State Zip Code

Person(s) student lives with - for home mailings; circle prefix (i.e., Mrs., Ms., Miss, Mr., or Mr. & Mrs.), then write name (i.e., Sue Jones or Tom Jones).

Parent(s)/Guardian(s) Name(s): Mrs. Ms. Miss Mr. Mr. & Mrs. _____

Please fill in below all Mother/Female Guardian and Father/Male Guardian info that applies, along with Parent(s)/Guardian(s) Name(s) above.

Mother/Female Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Does student live with Mother/Female?: 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)

Father/Male Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Does student live with Father/Male?: 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)

EMERGENCY AUTHORIZATION, MEDICAL INFORMATION, & PARENT/GUARDIAN PERMISSION

I hereby approve of my son/daughter entering the one or two year program (see Course Selection below) at the Career and Technical Education Center. I agree to provide him/her with the uniform or equipment needed for the course. I further grant him/her permission to operate power equipment that may be used in this course, 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 state here: (i.e., diabetes, heart problems, epilepsy, asthma, etc.)

Allergies? YES NO To what?

Signature of Parent/Guardian _____ Date _____

COURSE & HOME SCHOOL GUIDANCE INFORMATION

Currently Enrolled in CTE? Yes No **Current Course:** _____

Course Selection - 1st Choice: _____ **2nd Choice:** _____

*This registration form does not guarantee admission to the course 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 guidance counselor immediately.*

School District _____ Grade _____ in September _____

Guidance Counselor's Signature for Approval _____ Date _____

DATA FOR STATE REPORTING

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

Racial/Ethnic Group	Check If Applicable	Diploma Track	Regents:	State Testing
___ Amer. Indian/Alaskan Native	___ Handicapped (IEP**)	___ Regents	Regents:	RCT:
___ Asian (Oriental/Pacific Islander)	___ 504 Plan	___ Local	Math A Score _____	Math Score _____
___ African American	___ Behavioral Intervention Plan	___ IEP**	Integ. Algebra Score _____	Reading Score _____
___ Caucasian/White	___ English Language Learner	___ GED	Geometry Score _____	Writing Score _____
___ Hispanic	___ Academically Disabled		ELA Score _____	Science Score _____
	___ Economically Disabled		Earth Science Score _____	Global History Score _____
		Days absent to date in 2008-09:	Living Env. Score _____	US History Score _____
		_____	Global History Score _____	
			US History Score _____	

**** IEPs MUST ACCOMPANY APPLICATIONS**

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