



**CTE/IP/ALT ED STUDENT APPLICATION SCHOOL YEAR 20\_\_ to 20\_\_**  
**(for use with all RETURNING students or NEW student ONLINE REGISTRATION ONLY!)**

Northern Catskills Occupational Center  Otsego Area Occupational Center   
 Career and Technical Education  NCOC All Day CTE  Alternative Education  Innovative Programs

**COMPLETED APPLICATION, UPDATED IEP, AND TRANSCRIPTS REQUIRED BEFORE ACCEPTANCE INTO ANY PROGRAM  
 IF IP STUDENT, A STUDENT SERVICES REQUEST FORM MUST ALSO BE COMPLETED**

STUDENT SCHOOL INFORMATION/CTE SELECTION		
Last Name _____	First Name _____	MI _____
Incoming Grade _____	Attending District/School _____	Student District of Residence _____
CTE/IP/Alt Ed Selection _____		1 <sup>st</sup> Year P.M. <input type="checkbox"/> 2 <sup>nd</sup> Year A.M. <input type="checkbox"/>
Diploma Track _____	Regents <input type="checkbox"/> Local <input type="checkbox"/> CDOS <input type="checkbox"/> GED <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Is the applicant currently eligible for free <input type="checkbox"/> reduced <input type="checkbox"/> lunch?		
STUDENT INFORMATION		
Student's Street Address _____		Apt. No. _____
City _____	State _____	Zip _____
Date of Birth _____		Place of Birth _____
Student Cell _____	Student Email _____	Place of Birth _____
Race White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>If Hispanic or Latino, must also choose one of the following:</i> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>		
PARENT / GUARDIAN INFORMATION (Select one box in each area)		
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
Name _____	Name _____	Name _____
Mailing Address _____	Mailing Address _____	Mailing Address _____
911 Address _____	911 Address _____	911 Address _____
Home Phone _____	Home Phone _____	Home Phone _____
Work/Cell Phone _____	Work/Cell Phone _____	Work/Cell Phone _____
Email _____	Email _____	Email _____
PARENT / GUARDIAN AUTHORIZATION		
I hereby approve of my son/daughter/ward entering the above named Program. I understand that some CTE programs may require a fee or purchase. (i.e., safety shoes, glasses, clothing, welding helmets, Cosmetology kit, student leadership fees, classroom fees, etc.) I agree to provide my student with any such uniform, equipment, or fee needed for the course. I further grant him/her permission to operate power equipment or tools which may be used in this program. In the event that an emergency arises that requires immediate action, I authorize ONC BOCES to take my child to the nearest hospital, by ambulance if necessary. I acknowledge that any medical fees or expenses incurred will be referred to the sending school district. In the event of an emergency, if parents/guardians cannot be reached, please call:		
Relative's name and relationship _____	Address _____	Phone _____
Friend's name and relationship _____	Address _____	Phone _____
Parent/Guardian Signature _____	Date _____	
COMPONENT DISTRICT SCHOOL NURSE - MEDICATIONS - LIMITATIONS		
Please provide medications taken and health limitations. This information will be kept confidential.		
School Nurse Signature _____	Date _____	
HOME SCHOOL GUIDANCE/CSE CHAIR APPROVAL & CONSULTANT SERVICES REQUEST		
Does the applicant have an IEP or 504 Accommodation Plan? ..... Yes IEP <input type="checkbox"/> Yes 504 <input type="checkbox"/> No <input type="checkbox"/>		
<b>PLEASE ATTACH A COPY OF THE STUDENT'S IEP/504 TO THIS APPLICATION</b>		
CONSULTANT TEACHER SERVICES REQUESTED: _____	Yes <input type="checkbox"/> _____ Minutes per week	No <input type="checkbox"/>
Guidance Counselor/CSE Chair Signature(s): _____	Date _____	
HOME SCHOOL DISTRICT SUPERINTENDENT'S or PRINCIPAL'S APPROVAL		
I have reviewed and support this application.		
Superintendent/Principal Signature _____	Date _____	

*No student shall, on the basis of gender, race, color, national origin, disability, age, creed, religion, marital status, sexual orientation, or other legally protected status be excluded from participation in, be denied benefits of, or otherwise be subject to unlawful discrimination under any BOCES program or activity.*