

New Visions Health Care Professions Application



This application and supporting materials must be submitted to your Guidance Counselor who will then forward them via fax/e-mail/hard copy to:

Kristen Steigmeier
Northern Catskills Occupational Center
PO Box 382
Grand Gorge, NY 12434
ksteigmeier@oncboces.org
(607) 588-6291 ext 1233
fax (607) 588-6808

DUE MARCH 16, 2021

Program Information

New Visions Health Care Professions is an all-day program for seniors only. Applicants to the New Visions Health Care Professions Program must make a commitment to academic excellence and professional conduct. Specific entrance requirements are listed below. Should you fall short of some of the entrance requirements, you may still apply; however you must explain in writing why you believe you will be successful in New Visions.

Entrance Guidelines

- Application Quality
- GPA
- Performance on math regents
- Performance on science regents
- Strength of junior year courses
- Writing quality/mechanics
- School/Community participation
- Meet your component school's graduation requirements for a Regents Diploma

Completed Application Packet must contain the following:

- Completed application with all required signatures
- High school transcript and copy of most current report card
- Written responses (see below)
- Two letters of recommendation: one from a high school teacher and one from another adult of your choice

Write your responses to numbers 1-5 on separate paper.

1. List the health care careers that currently interest you.
2. List up to five (5) extracurricular or non-school programs, activities, honors, jobs, or volunteer experiences that you are involved in. Choose one of these and explain, in a paragraph, how your participation has shaped you as a person.
3. In a paragraph, explain how you have been influenced by something you have read.
4. Write a paragraph describing a significant way you contribute to your community.
5. In a paragraph, describe a situation where you assumed a leadership role.



CTE/IP/ALT ED STUDENT APPLICATION SCHOOL YEAR 20__ to 20__
(for NEW IP/Alt. Ed. and CTE if not registered in DISTRICT PORTAL)

Northern Catskill Occupation Center

Otsego Area Occupational Center

Career and Technical Education

NCOC All Day CTE

Alternative Education

Innovative Programs

STUDENT / SCHOOL INFORMATION

Last Name _____ First Name _____ MI _____
 Student District ID _____ Incoming Grade _____ Date Entered 9th Grade _____
 High School Attending _____ Student District of Residence _____
 Diploma Track _____ Regents Local CDOS GED

STUDENT INFORMATION

Student's Street Address _____ Apt. No. _____
 City _____ State _____ Zip _____
 Phone No. _____ Student's Email _____
 Date of Birth _____ City, State & County of Birth _____ Gender: Male Female
 Race: White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Hispanic or Latino *If Hispanic or Latino, must also choose one of the following:*
 White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Language: If not English, please state language spoken at home: _____

PARENT / GUARDIAN INFORMATION

Father's Name _____ Mother's Name _____
 Father's Mailing Address _____ Mother's Mailing Address _____
 Father's 911 Address _____ Mother's 911 Address _____
 Father's City, State, Zip _____ Mother's City, State, Zip _____
 Father's Home Phone _____ Mother's Home Phone _____
 Father's Work / Cell Phone _____ Mother's Work / Cell Phone _____
 Father's Email _____ Mother's Email _____
 Guardian's Name _____ Guardian's Phone _____
 Guardian's Mailing Address _____ Guardian's Work / Cell Phone _____
 Guardian's 911 Address _____ Guardian's Email _____
 Guardian's City, State, Zip _____

PLEASE ANSWER ALL QUESTIONS

Is the applicant currently classified by the home school district Committee on Special Education? Yes No
 Is the applicant economically disadvantaged? Yes No
 Is the applicant currently eligible for free or reduced lunch? Yes No
 Is the applicant an English Language Learner? 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? Yes No

CIVIL RIGHTS INFORMATION (Required for compliance with Federal Civil Rights Mandates)

DISABILITY CODE *Please check one*

<input type="checkbox"/> Not Disabled	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Multiple Disabled	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Autistic	<input type="checkbox"/> Specific Learning Disabled	<input type="checkbox"/> Orthopedically Impaired	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Deaf	<input type="checkbox"/> Intellectually Disabled	<input type="checkbox"/> Other Health Impaired	<input type="checkbox"/> Other _____
<input type="checkbox"/> Emotionally Disabled	<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> Speech Impaired	

DISADVANTAGED CODE *Please check one*

None Socioeconomic Program Limited English Speaking Requires Related Services Academic
 Cultural Requires Specially Designed Educational Program Other Barriers to Academic Achievement

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.



CTE/IP/ALT ED STUDENT APPLICATION SCHOOL YEAR 20__ to 20__
(for new IP/Alt. Ed. and CTE if not registered online)

CTE COURSE SELECTION AND AUTHORIZATION

Name _____ School _____

CTE/IP/Alt Ed Selection _____ 1st Year P.M. 2nd Year A.M. All Day

This registration form does not guarantee admission to the course you desire. If you change your mind about enrolling, you **MUST** notify your home school guidance counselor immediately.

Student Signature: _____ Date: _____

REQUIRED DOCUMENTS (must be attached in order for student to attend designated program)

CTE: IEP/504, Permanent Transcript	Innovative Programs : IEP/504, Permanent Transcript, Attendance Record, Academic Record, Most Recent Free/Reduced Lunch Form, Permanent Health Record, Report Cards, Discipline Record, BIP, Achievement/IQ Data	Alternative Education: IEP/504, Permanent Transcript, Attendance Record, Academic Record, Most Recent Free/Reduced Lunch Form, Permanent Health Record, Report Cards, Discipline Record, BIP, Achievement/IQ Data
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Verify with check mark that copies of all required documents are attached:

IEP 504 Permanent Transcript Attendance Record Academic Record Free/Reduced Lunch Form
 Permanent Health Record Report Cards Discipline Record BIP Current Achievement/IQ Data

HOME SCHOOL GUIDANCE/CSE CHAIR APPROVAL & CONSULTANT SERVICES REQUEST

Does the applicant have an IEP or 504 Accommodation Plan? **(MUST BE ATTACHED)**.....Yes IEP Yes 504 No

Does the applicant require testing modifications as designated on the current IEP or 504 Plan?.....Yes No

Does the applicant require a 1:1 aide?.....Yes No

Consultant Teacher Services RequestYes _____ Minutes per week No

Integrated credit(s)* required: ELA Math Science Other _____

**not all programs are approved for integrated credit, please review approval chart*

HEALTH LIMITATIONS/MEDICATIONS/HOME SCHOOL NURSE SIGNATURE

Health Limitations/Medications: _____

School Nurse Signature: _____

Guidance Counselor/CSE Chair Signature(s): _____ Date: _____

HOME SCHOOL DISTRICT SUPERINTENDENT'S or PRINCIPAL'S APPROVAL

I have reviewed and support this application. Comments (optional): _____

Superintendent/Principal Signature: _____ Date: _____

PARENT/GUARDIAN PERMISSION AND EMERGENCY AUTHORIZATION

I hereby approve of my son/daughter/ward entering a program provided by ONC BOCES. I understand and agree that my son/daughter/ward will not be allowed to drive to school unless prior approval has been granted, first, by the Component School Administrator and, second, by the ONC BOCES Building Administrator. Furthermore, I release ONC BOCES from any liability for injury incurred in the normal presentation of my child's performance. This application form does not guarantee admission to the program requested. I understand that my component school district is making a financial commitment to enable my child to attend this program. I will support this commitment by encouraging my child to take full advantage of this opportunity by fulfilling course requirements, maintaining good attendance, and following all ONC BOCES rules and regulations.

In the event that an emergency arises that requires immediate action, I authorize ONC BOCES to take my child to the nearest emergency first aid station, or hospital, by ambulance, if necessary. I acknowledge that any medical fees or expenses incurred will be referred to my component school district. In the event of an emergency, if parents/guardians cannot be reached, please call:

Emergency Contact name & relationship	Address	Phone
Emergency Contact name & relationship	Address	Phone
Parent or Guardian Signature		Phone