

CHECK ALL THAT APPLY

- CAREER & TECHNICAL EDUCATION
- Alternative Education (TASC Prep)
- Sp. Ed Consultant Teacher Services (at CTE Ctr)

Enrollment Application

And Parent Permission Form

ST. LAWRENCE-LEWIS BOCES
CAREER AND TECHNICAL EDUCATION

SCHOOL YEAR: 2022-2023

For District Office Use

Initials & Date Data Uploaded to SLLBOCES.

Parent Permission must be granted prior to enrollment and attendance at a SLLBOCES Tech Center

STUDENT: LAST NAME _____ FIRST NAME: _____

STUDENT CURRENT ADDRESS: _____

TOWN: _____ STATE: NEW YORK ZIP: _____

STUDENT CELL # : _____ PARENT CELL #: _____

CAREER AND TECHNICAL ED. PROGRAM OF STUDY:

First Choice: _____ Second Choice _____

Student is determined to be homeless according to the McKinney-Vento Homeless Assistance Act of 1987 Yes No

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

Medical Alert Information.

Please provide any pertinent information you deem necessary to secure the safety of your child. (Ex. Medical condition(s), known allergies, maintenance medication(s)-including dosage, etc.

- I grant permission for my son/daughter to enroll in the above noted CTE program.
- In the event the above noted student becomes ill or injured and I cannot be contacted, I grant permission to have him/her transported to the emergency room of the local hospital for treatment. I give my consent for staff and rescue squad members to use their judgement in securing medical aid and ambulance service.
- I grant permission for my son/daughter to participate in regularly scheduled activities and field trips.
- I authorize staff to release the appropriate personal and/or academic information from my son/daughter's record to potential employers, post-secondary schools and the military as requested unless I sign off to decline giving permission.
- I grant permission for photos of my son/daughter to be used in school publications, news releases, medial presentations and on the BOCES website.
- I acknowledge the computer system may allow my son/daughter access to external computer networks not controlled by the CTE Center. I understand that some of the material available through these external networks may be inappropriate and objectionable. I accept responsibility to set and convey standards for appropriate and acceptable use for my son/daughter when using the computer or any other electronic media or communication device at the CTE Center.
- I agree to release the St. Lawrence –Lewis BOCES, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the computer system in any manner whatsoever. I agree that my son/daughter may have access to the computer system and this may include remote access from home.

Parent/Guardian Signature: _____

Today's date: _____

Completed and signed form should be returned to High School Counseling Office