

CHECK ALL THAT APPLY

CAREER & TECHNICAL EDUCATION

Enrollment Application

And Parent Permission Form

For District Office Use

ST. LAWRENCE-LEWIS BOCES
CAREER AND TECHNICAL EDUCATION

SCHOOL YEAR: 2024-2025 Home School _____

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: _____

School Tool Data Input Guide

FOR SPONSORING SCHOOL USE ONLY

STUDENT: LAST NAME _____ FIRST NAME _____ Middle Initial _____

GENDER: Male _____ Female _____

Tech Center: _____

Special Education Placement Location: _____

9th Grade Entry Date (COHORT): _____

Student is eligible for free or reduced lunch? _____

Grade Level in September: _____

Student is a single/pregnant parent? _____

Student attending 1 year as a senior? _____

Student's IEP Classification? _____

Student will be attending Alternative Education? _____

Student has an individual aide at home school? _____

High School Graduation Pathway: _____

Has the student been declassified? _____

Student expected to earn Honors Designation? _____

If declassified, does the student still receive test

Student is economically disadvantaged? _____

modifications? _____

Will home school be purchasing Consultant Services? _____

CTE Course Choice #1: _____ #2: _____

Student ETHNICITY (please circle): Native American / Black / Hispanic / Asian / Caucasian.

****PLEASE NOTIFY THE TECH CENTER PRINCIPAL OR COUNSELOR OF ANY ISSUES (EMOTIONAL, SOCIAL, ACADEMIC, DISCIPLINE, PHYSICAL, ETC.) THE STUDENT HAS EXPERIENCED WITHIN THE LAST YEAR.**

Northwest Technical Center (315) 393-4570

Southwest Technical Center (315) 287-3590

Seaway Technical Center (315) 353-2293