

High School Student

Application Form • 2009-2010

FOR NASSAU BOCES HIGH SCHOOL PROGRAMS

PLEASE CHECK ONE

<input type="checkbox"/>	Joseph M. Barry Career & Technical Education Center
<input type="checkbox"/>	Young Adult Workforce Transition Program
<input type="checkbox"/>	Long Island High School for the Arts (LIHSA)
<input type="checkbox"/>	English Language Alternative Program (ELAP)
<input type="checkbox"/>	Program for Alternative Comprehensive Education (P.A.C.E.)
<input type="checkbox"/>	Positive Alternative Twilight School (PATHS)
<input type="checkbox"/>	Springboard
<input type="checkbox"/>	Teenage Parenting Program (TAP)
<input type="checkbox"/>	Tutorial Service

Home District Student ID No. _____

Print or Type

—Student/Parent Information—

PLEASE CHECK ONE

Enrollment Dist. Transfer

Student's Last Name _____	Student's First Name _____	MI _____
Student's Signature _____		
Address _____	Apartment No. _____	Home Telephone _____
City _____	Zip _____	Parent's Work Telephone _____
Date of Birth _____	Social Security Number _____	Parent's Cell Phone _____
Parent's or Guardian's Last Name, First Name _____	Parent's or Guardian's Signature _____	
Relationship to Student _____	Parent or Guardian's Native Language _____	
Parent's e-mail (Required) _____	Student's e-mail _____	

—School Information—

Billing District _____	Attending District _____	High School Attending _____
Date of Entry to District _____	Class of _____	Grade as of 9/1/09 _____
School Building Address _____	Principal's Name _____	

Answer all questions. Attach required student records and complete page 2.

ESL

Will you need accommodations to successfully participate in the educational process and/or program for which you are applying? If yes, please attach report.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the student receiving ESL services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant currently classified by the home school district Committee on Special Education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the applicant ever been declassified by the Committee on Special Education? Date declassified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES, ESL LEVEL: <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Does the applicant have a 504 Accommodation Plan? Please attach.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the applicant currently eligible for free <input type="checkbox"/> or reduced lunch <input type="checkbox"/> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the applicant receiving Title I services? Which subjects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the student have access to a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant receiving supplemental educational services? Which subjects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has student participated in a Vocational Assessment? If yes, please attach.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Verify with check mark (✓), that copies of all these items are attached:

Attendance Records Health & Immunization Records Report Cards Transcript Psychological IEP (2 copies) Copies of any CSE Documents

BARRY TECH APPLICANTS ONLY

Career Education Course Requested _____	Second Choice _____
CTE Placement: Regular <input type="checkbox"/> ESL <input type="checkbox"/> Intensive Skills <input type="checkbox"/>	Session: AM <input type="checkbox"/> PM <input type="checkbox"/>
Does the applicant attend a Nassau BOCES Special Education school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please name school _____
State Approved Integrated Course(s) Requested:	
English <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> (See catalog for list of embedded courses.)	
Home School Nurse's Signature _____	Phone # _____ Date _____
Home School Guidance Counselor's Signature _____	E-mail Address _____
Guidance Counselor's Phone # _____	Date _____
Authorizing School Official's Signature _____	Phone # _____ Date _____

ALL APPLICANTS

Completed Academic Courses and Regents Exams: <i>(Please check all that apply)</i>					Official Transcript must be attached.
<input type="checkbox"/> English 9	<input type="checkbox"/> English 10	<input type="checkbox"/> English 11	<input type="checkbox"/> English 12	<input type="checkbox"/> English Regents	Total English Credits: <input type="checkbox"/>
<input type="checkbox"/> Global 9	<input type="checkbox"/> Global 10	<input type="checkbox"/> Global Regents	<input type="checkbox"/> US History	<input type="checkbox"/> US History Regents	
<input type="checkbox"/> Participation in Government	<input type="checkbox"/> Economics				Total Social Studies Credits: <input type="checkbox"/>
<input type="checkbox"/> Math A I	<input type="checkbox"/> Math A II	<input type="checkbox"/> Math A III	<input type="checkbox"/> Math A Regents	<input type="checkbox"/> Intro to Math B	
<input type="checkbox"/> Math B	<input type="checkbox"/> Math B Regents	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Algebra		Total Math Credits: <input type="checkbox"/>
<input type="checkbox"/> Earth Science	<input type="checkbox"/> Earth Science Regents	<input type="checkbox"/> Living Environment	<input type="checkbox"/> Living Environment Regents		
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Chemistry Regents	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		Total Science Credits: <input type="checkbox"/>
<input type="checkbox"/> PE 9	<input type="checkbox"/> PE 10	<input type="checkbox"/> PE 11	<input type="checkbox"/> PE 12	<input type="checkbox"/> Health	Total PE/Health Credits: <input type="checkbox"/>
<input type="checkbox"/> Reading RCT	<input type="checkbox"/> Writing RCT	<input type="checkbox"/> Math RCT	<input type="checkbox"/> Geography RCT	<input type="checkbox"/> VUS History RCT	<input type="checkbox"/> Science RCT

ACADEMIC SERVICES REQUESTED

<i>Please check appropriate box(es)</i>			
<input type="checkbox"/> None	<input type="checkbox"/> Applied Math (1 credit) <input type="radio"/> Jan. RCT <input type="radio"/> June RCT	<input type="checkbox"/> English 11 Regents (1 credit) <input type="radio"/> Jan. Regents <input type="radio"/> June Regents	<input type="checkbox"/> U.S. History Regents (1 credit)
<input type="checkbox"/> Applied Science (1 credit)			<input type="checkbox"/> Participation in Gov't (1/2 credit, Fall)
<input type="checkbox"/> Environmental Science (1/2 credit, Fall)	<input type="checkbox"/> Non-Regents Algebra 2/Trig (1 credit)	<input type="checkbox"/> English 12 (1 credit)	<input type="checkbox"/> Economics (1/2 credit, Spring)
<input type="checkbox"/> Bioethical Science (1/2 credit, Spring)	<input type="checkbox"/> Regents Integrated Algebra (1 credit)	<input type="checkbox"/> Health (1/2 credit)	<input type="checkbox"/> Physical Education (1/2 credit)

PLEASE NOTE FOR BARRY TECH STUDENTS: Enrollment in credit-bearing academic course results in a reduction of career education hours earned. All SUPPORT classes are NON-credit; enrollment in a support course does NOT result in a reduction of career education hours earned.

TESTING MODIFICATIONS as designated on the current IEP or 504 Accommodation Plan:

None
 Extended Time
 Flexible Setting
 Questions Read and Explained
 Calculator
 Answers Recorded
 Grammar/Spelling Omitted
 Revised Directions/Simplified Language
 Other _____

MEDICAL CONDITIONS/MEDICAL DISABILITIES _____

CIVIL RIGHTS INFORMATION FOR NEW STUDENTS IS REQUIRED FOR COMPLIANCE WITH FEDERAL CIVIL RIGHTS MANDATES.

Disability Code

PLEASE CHECK ONE

<input type="checkbox"/> 00 — Not disabled	<input type="checkbox"/> D — Emotionally Disabled	<input type="checkbox"/> H — Multiply Disabled	<input type="checkbox"/> L — Traumatic Brain Injury
<input type="checkbox"/> A — Autistic	<input type="checkbox"/> E — Hard of Hearing	<input type="checkbox"/> I — Orthopedically Impaired	<input type="checkbox"/> M — Visually Impaired
<input type="checkbox"/> B — Deaf	<input type="checkbox"/> F — Learning Disabled	<input type="checkbox"/> J — Other Health Impaired	
<input type="checkbox"/> C — Deaf-Blind	<input type="checkbox"/> G — Mentally Retarded	<input type="checkbox"/> K — Speech Impaired	

Disadvantaged Code

PLEASE CHECK ONE

<input type="checkbox"/> 0 — None	<input type="checkbox"/> 2 — Socioeconomic Program	<input type="checkbox"/> 4 — Limited English Speaking	<input type="checkbox"/> 6 — Requires Related Services
<input type="checkbox"/> 1 — Academic	<input type="checkbox"/> 3 — Cultural	<input type="checkbox"/> 5 — Requires Specially Designed Educational Program	

<p>FOR BARRY TECH <i>Mail completed application to:</i> Central Registration Office Nassau BOCES Administrative Center 71 Clinton Road • P.O. Box 9195 Garden City, New York 11530-9195 516-396-2377 • Fax: 516-333-8135</p>	<p>FOR OTHER SECONDARY PROGRAMS <i>Mail completed application to:</i> Department of Instructional Programs and Alternative Schools Nassau BOCES Administrative Center 71 Clinton Road • P.O. Box 9195 Garden City, New York 11530-9195 516-396-2262 • Fax: 516-396-2355</p>	<p>FOR OTHER SECONDARY SCHOOL APPLICATION MATERIALS <i>Please contact the appropriate school below:</i> Long Island High School for the Arts: 516-622-5678 English Language Alternative Program (ELAP): 516-608-6430 Positive Alternative Twilight High School (PATHS): 516-608-6445 Program of Alternative Comprehensive Education (P.A.C.E.): 516-626-1022 Springboard: 516-608-6457 Teenage Parenting Program (TAP): 516-608-6400</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------