



APPLICATION CHECK-OFF LIST

SIGNATURES:

- ☐ School Nurse (Required)
- ☐ District Superintendent or Designee (District's Discretion)

REQUIRED INFORMATION INCLUDED IN THE APPLICATION PACKET:

- ☐ Transcript
- ☐ **Second** Marking Period Report Card
- ☐ Attendance Report
- ☐ Behavior Report ☐ Not Applicable
- ☐ IEP or 504 ☐ Not Applicable

Questions?

BTC: 631-286-6516
ICC: 631-244-5903
MTC: 631-244-5815
WTC: 631-208-2003



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