



# Career and Technical Education

## APPLICATION INFORMATION

### STUDENT INFORMATION *to be filled out by parent/guardian*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F  NB  
mm:dd/yyyy

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*Please fill in all parent/guardian information below that applies (a primary parent/guardian is a person student lives with).*

Primary Parent/Guardian Prefix:  Mrs.  Ms.  Miss  Mr.  Dr.  Rev. If not in list, write prefix: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Parent/Guardian Work Phone: \_\_\_\_\_ Primary Parent/Guardian Cell Phone: \_\_\_\_\_

Other Parent/Guardian Prefix:  Mrs.  Ms.  Miss  Mr.  Dr.  Rev. If not in list, write prefix: \_\_\_\_\_

Other Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Does student live with other parent/guardian?:  Yes  No *If no, fill in address and phone below.*

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Other Parent/Guardian Relationship: \_\_\_\_\_ Does other parent/guardian receive school mailings?:  Yes  No

### EMERGENCY AUTHORIZATION, MEDICAL INFO & PARENT/GUARDIAN PERMISSION *to be filled out by parent/guardian*

I hereby approve of my student entering the one or two year program (see Program Selection below) at the Career and Technical Education Center. I agree to provide them with the uniform or equipment needed for the program. I further grant them permission to operate power equipment that may be used in this program, after proper instructions have been given for its operation. I understand that my student will be given a Code of Conduct that they will be required to sign, return and abide by to remain in their program of study. Should an emergency arise that requires immediate action, I authorize BOCES to take my student to the nearest emergency first aid station or hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred. If my student must be taken home and parent/guardian can not be reached, please call:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student have any special conditions, requirements, medications or anything that CTE staff should be aware of?  Yes  No

If YES, please list: \_\_\_\_\_

Allergies?  Yes  No If YES, to what? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### PROGRAM & HOME SCHOOL INFORMATION *to be filled out by counselor*

Program Selection: \_\_\_\_\_

Currently Enrolled in CTE? \_\_\_\_\_ Current Program: \_\_\_\_\_

This registration form does not guarantee admission to the program you desire. You will be notified at a later date if you are not accepted. If you change your mind about enrolling, you must notify your school counselor immediately.

School District \_\_\_\_\_ If School District is Notre Dame, enter Home District \_\_\_\_\_ Grade September 2025 \_\_\_\_\_ District Student ID \_\_\_\_\_

School Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Counselor's Email \_\_\_\_\_ Date \_\_\_\_\_

### DATA FOR STATE/OTHER REPORTING *to be filled out by counselor*

Confidential data included in two columns on left is for State reporting purposes. Please check/fill in all that applies below.

Racial/Ethnic Group*	Check All Applicable*	Diploma Track*	Regents/Final Exams			
<input type="checkbox"/> Asian	<input type="checkbox"/> IEP**	_____	LIV ENV REQUIRED FOR NURSE ASST; OTHERS UPON REQUEST			
<input type="checkbox"/> Black/African Am.	<input type="checkbox"/> 504 Plan**	_____	ELA	Score_____	Earth Science	Score_____
<input type="checkbox"/> Am. Indian/Alaska Native	<input type="checkbox"/> Behavioral Intervention Plan	Year Entered Grade 9* _____	Algebra I	Score_____	Living Env.***	Score_____
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> English Language Learner	_____	Algebra II	Score_____	Global History	Score_____
<input type="checkbox"/> White	<input type="checkbox"/> Academically Disabled	_____	Geometry	Score_____	US History	Score_____
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Economically Disabled	_____	Cumulative GPA:*	_____	Days absent to date in 2024-25*	
Home Language (If other than English)* _____						

**\*REQUIRED FOR ALL STUDENTS**  
**\*\*CURRENT IEPs and 504 Plans MUST BE PROVIDED TO OHM BOCES.**  
 BOCES does not discriminate on the basis of sex, color, nationality, handicap or age.