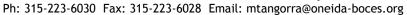
## **MSA Intake Application**

## Return completed application to:

Mary Lourdes Tangorra, Supervising Principal OHM BOCES Middle Settlement Academy





Date:	MSA Program:				
Student's Name:	Gr	ade:	_ District ID:		
Age: Date of Birth:	Gender:				
Ethnicity 1:	Ethnicity 2:			Hispanic:	
				(Yes/No)	
Home Street Address	City			Zip Code	
Name of Primary Parent/Guardian	Home Phone	Cell	Phone	Work Phone	
Home District:	District	District Counselor:			
Counselor Phone:	Counselor Email:				
	District Counselor's Email Mandatory				
Reason for Referral:					
The following records are <b>required</b> to determine	ne eligibility for admi	ssion:			
Mandatory Student Records:	Service	s in Place:			
Copy of Permanent Record Card		Counseling			
All Previous Report Cards	<del></del>	Probation Officer			
Attendance	<del></del>	Prep			
Discipline Log/Child Study	<del></del>	Preventative			
Scores of State Tests	<del></del>	Kids Oneida			
Medical Records		IRT			
Mandatory Student Records If Applicable:	PIN or PINS Diversion				
IEP		(Application or Affidavit Date:)			
504 Plan		Other			
Psychological Evaluation	School	SchoolTool Transfer:			
Completed Science Lab Hours and Titles		Yes, I transferred student			
Copy of Hearing Officer's Decision (including statement of conditions of return)		No, I did not transfer student			
(A student will not be contacted for an int <u>and</u> all required do	take appointment un cumentation has bee			s been completed	
Home School Principal Approval:			Da	nte:	
Chief School Officer Approval:			Da	ate:	