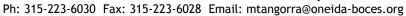
## **MSA Intake Application**

## Return completed application to:

Mary Lourdes Tangorra, Supervising Principal OHM BOCES Middle Settlement Academy





Date:	MSA Program:				
Student's Name:	G	Grade:	District IE	D:	
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:	Distric	District Counselor:			
Counselor Phone:	Counselor Email:				
		Dis	trict Counselor's E	Email Mandatory	
Reason for Referral:					
The following records are <b>required</b> to determi	ine eligibility for adn	nission:			
Mandatory Student Records:	Servi	es in Pla	ace:		
Copy of Permanent Record Card		Counseling			
All Previous Report Cards		Probation Officer			
Attendance		Prep			
Discipline Log/Child Study		Preventative			
Scores of State Tests		Kids Oneida			
Medical Records		IRT			
Mandatory Student Records If Applicable:	le: PIN or PINS Diversion				
IEP	(Application or Affidavit Date:			Oate:)	
504 Plan		Other			
Psychological Evaluation	Schoo	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 di	id not transfer st	rudent	
(A student will not be contacted for an intake ap	ppointment until all re	equired d	ocumentation h	as been received by MSA.)	
District Guidance Department Chair Review:				Date:	
Home School Principal Approval:				_ Date:	
Chief School Officer Approval:				_ Date:	