## OHM BOCES Regional Summer School 2024 Middle School Registration Form

## STUDENTINFORMATIONTOBEFILLEDOUTBYPARENT/GUARDIAN&RETURNEDTOGUIDANCECOUNSELOR Name: Last Home Address:\_ \_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 (please circle): Mrs. Ms. Miss Mr. Dr. Rev. If not in list, write prefix: Primary Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_ Email: Work Phone: Other Parent/Guardian Prefix (circle): Mrs. Ms. Miss Mr. Dr. Rev. If not in list, write prefix: Other Parent/Guardian Name: Work Phone: Email: Other Par/Guar Relationship: \_\_\_\_\_ Does student live with Other Parent/Guardian?: Yes No (If No, fill in info below) Home Address: (If different than student's) EMERGENCY AUTHORIZATION, MEDICAL CONCERNS, & PARENT/GUARDIAN PERMISSION If my child must be taken home and parent(s)/quardian(s) cannot be reached, please call: \_\_\_\_ Relationship to Student: \_\_\_\_\_ Should an emergency arise that requires immediate action, I authorize BOCES to take my child to the nearest first aid available or to a hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred. Does student have any special conditions, requirements, medications, or anything the classroom teacher should know about? Yes Nο If YES, please state here: Allergies? Yes No To what? I have read, understand and will comply with the policies & Code of Conduct of summer school as set forth in the brochure. I also understand and agree that under no circumstances will my child's class period be changed, nor will any exceptions be made to the attendance policy. (See policy at www.ohmboces.org/SumSchInfo.htm and in the Summer School brochure.) Signature of Student: Date: Signature of Parent/Guardian: Date: COURSE & HOME SCHOOL GUIDANCE INFORMATION (to be filled out by counselor) Course Selection 1: Course Selection 2: Notre Dame District **School District** Track (Intervention/Enrichment/Audit) Grade Completing Unique Student ID **Guidance Counselor's Name** Counselor's Email Phone Special Education Student:\_\_ Please circle modifications below - if applicable. ESL Student:

Please attach copy of the IEP, 504 Accommodation Plan, and/or Test Modification to this form.

Test modification requirements: IEP OR 504 Test mod. personnel: Our Own School District OR Additional BOCES Contract