 	– – –		
	INFOR		\sim k $_{\rm I}$
		$\Delta M \Delta M$	

School Year Date
2024-25 -

Student ID # Date of Birth

_

First Name Middle Name Last Name

Gender Race (*) Ethnicity

- - (Hispanic/Non-Hispanic) -

(*) NOTE: As indicated on your Demographic Page. If listed Multiracial, please indicate all races as indicated on your Demographic Page.

 Race 1
 Race 2
 Race 3

 Race 4
 Race 5

RACE OPTIONS: White | Asian | Black or African American | American Indian or Alaskan Native | Native Hawaiian/Other Pacific Islander

McKinney Vento Status

(Yes/No) -

 Address
 Unit #

 City
 State
 ZIP Code

 Home Phone #
 Cell Phone # (*)
 Email (*)

(*) NOTE: Cell Phone # & Email must be unique to the student. They cannot be shared with the student's applicable guardian contacts.

GUARDIAN INFORMATION

PRIMARY CONTACT

First Name	Last Name
-	-
Home Phone #	Cell Phone # (*)
-	-
Email (*)	Relationship to Student
-	-

Address		Unit #
-		-
City	State	ZIP Code
-	-	-

(*) NOTE: Cell Phone # & Email must be unique to the Primary Contact. They cannot be shared with the student or other applicable guardian contacts.

SECONDARY CONTACT (OPTIONAL)

SECONDART CONTACT (OF HOR	ial)		
Emergency Contact			
Lineigency contact			
(Yes/No) -			
First Name		Last Name	
-		-	
Home Phone #		Cell Phone # (*)	
-		-	
Email (*)		Relationship to Student	
-		-	
Address			Unit #
-			-
City	State		ZIP Code

(*) NOTE: Cell Phone # & Email must be unique to the Secondary Contact. They cannot be shared with the student or other applicable guardian contacts.

EMERGENCY CONTACT (OPTIONAL)

EMERGENCY CONTACT (OPTIONAL)			
First Name		Last Name	
-		-	
Home Phone #		Cell Phone # (*)	
-		-	
Email (*)		Relationship to Student	
-		-	
Address			Unit #
-			-
City	State		ZIP Code
-	-		-

(*) NOTE: Cell Phone # & Email must be unique to the Emergency Contact. They cannot be shared with the student or other applicable guardian contacts.

SCHOOL INFORMATION

Attending District	Elementary District	Sending District
-	-	-
Attending School	Grade (as of Sept. 2024)	Counselor
-	-	-
IEP	504 Plan	Declassified
(Yes/No) -	(Yes/No) -	(Yes/No) -

ESL Level Free or Reduced Lunch? Physical Education Pullout? (*)
- (Yes/No) - (Yes/No) -

Attending a Nassau BOCES Program? Which Program?

(Yes/No) -

(*) NOTE: Email Karen Recar (KRecar@nasboces.org) for Barry Tech PE Pullout requests and concerns.

PROGRAM PREFERENCE

Primary Program Choice

DISCLAIMER: Please be aware that Nassau BOCES has three Career & Technical Education locations (Barry Tech, GC Tech, & LIHSA). Applications for programs that are offered at more than one location are reviewed by a committee. In some cases, BOCES can offer placement at a location that was not the first choice on the application. This may be due to availability of seats or other factors. As always, districts have the discretion to withdraw their application if they do not wish to accept the placement.

Secondary Program Choice (*)

-

(*) NOTE: Secondary Program Choice cannot be the same as the Primary Program Choice.

CONSIDER FOR OTHER PROGRAMS

Consider for a Skills Program @ Barry Tech?

(Yes/No) -

DISCLAIMER: CTE Skills programs are designed for students who may benefit from personalized instruction, as outlined in an IEP, 504 Plan, or LEP. These programs may also be beneficial for students who are working towards a CDOS Credential, and who thrive in a 15-1-1 setting. They are intended to prepare students for further education or to enter the workforce in their chosen CTE field. Additionally, these programs may require coordination with a district's Transition Plan and Committee on Special Education. The tuition for these programs is different than the general education CTE programs and may require additional permissions based upon protocols in your district.

Consider for Career Explorations @ Career Preparatory High School?

(Yes/No) -

Consider for Office Skills @ Career Preparatory High School?

(Yes/No) -

Food Allergy? (Yes/No) Allergy Details -

REQUIRED ATTACHMENTS

Document	Attached?
Attendance Record	-
Current Report Card	-
Demographic Page	-
Discipline History	-
Health & Immunization Records	-
Transcript	-

Document	Attached?
IEP (*)	-
Psychological Assessment (*)	-

(*) NOTE: Required if answer to 'IEP' in the School Information section is 'Yes'.

ALLERGY INFORMATION

Document	Attached?
504 Plan (*)	-

(*) NOTE: Required if answer to '504 Plan' in the School Information section is 'Yes'.

Document	Attached?
Declassification (*)	-

(*) NOTE: Required if answer to 'Declassified' in the School Information section is 'Yes'.

ADDITIONAL INFORMATION