

Student Information

SCHOOL YEAR _____

ALL FIELDS ARE REQUIRED TO REVIEW THE APPLICATIONS

Student District ID: _____

Name _____ Address _____

Date of Birth _____ Unit # _____

Gender _____ City _____ State _____

Ethnicity _____ ZIP Code _____

Race _____ Home Phone _____

McKinney Vento Status: Yes _____ No _____ Cell Phone _____

Primary Language: English _____ Spanish _____ Email _____

Guardian Information

CONTACT 1 Primary Guardian Parent Portal Access Receives Mail Emergency Contact

Name _____ Address _____

Relationship to Student _____ Unit # _____

Home Phone _____ City _____ State _____

Cell Phone _____ ZIP Code _____

Email _____

School Information

Attending District _____ Disabled or IEP _____

Sending District _____ 504 Plan _____

Attending School _____ Declassified _____

Grade Level as of next school year: _____ ESL Level _____

Counselor _____ Free or Reduced Lunch _____

Counselor Phone _____ Attends BOCES school? _____

Valley Stream CHSD Elementary School: 13 _____ 24 _____ 30 _____

If yes, please indicate name of school _____

Verify with check mark that copies of all these items listed below are uploaded in order to complete application.

Attendance Records Health & Immunization Records Current Report Card Transcript Psychological Report

IEP (1 copy) 504 Accommodation Declassification Discipline History **2023-2024 P.E. REQUEST: YES/NO**

Program Preference - In-District

Primary Choice _____

Secondary Choice _____

Academic Pull-out Preference: P.E. (1/2 Credit) - Please complete a Course Change/Add Form for P.E. Pullout. Form can be found on barrytech.org website under District Guidance Counselor > Forms and Publications.

*** Authorized Signatures**

HS Nurse Name _____ HS Nurse Signature _____

HS Counselor's Name and Telephone # _____ HS Counselor's Signature _____

School Official Name _____ School Official Signature _____

Parent/Guardian Name _____ Parent/Guardian Signature _____