

New Visions - Career and Technical Education Application Information

Oneida BOCES - Box 70 - New Hartford, NY 13413-0700

STUDENT INFORMATION STUDENT INFORMATION (to be filled in by parent/guardian - please print)

Name: _____ Birth Date: _____ Age: _____ Gender: M F NB
Last First M.I. MM-DD-YYYY

Home Address: _____ Home Phone: _____
Street City State Zip Code Area code only if not 315

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: _____ Relationship: _____

Primary Parent/Guardian Work Phone: _____ Primary Parent/Guardian Cell Phone: _____

Other Parent/Guardian Prefix (circle): Mrs. Ms. Miss Mr. Dr. Rev. If not in list, write prefix: _____

Other Parent/Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Does student live with Other Parent/Guardian?: Yes No If No, fill in address & phone below)

Home Address: _____ Home Phone: _____
(If different than student's) Street City State Zip Code (If different than student's)

Other Par/Guar Relationship: _____ Does Other Parent/Guardian receive school mailings?: Yes No

EMERGENCY AUTHORIZATION, MEDICAL INFO, & PARENT/GUARDIAN PERMISSION (to be filled in by parent/guardian)

I hereby approve of my son/daughter entering the one program (see New Visions Program Selection below) at the Career and Technical Education Center. I agree to provide him/her with the uniform or equipment needed for the program. I further grant him/her permission to operate power equipment that may be used in this program, after proper instructions have been given for its operation. I understand that my son/daughter will be given a Code of Conduct that he/she will be required to sign, return and abide by to remain in his/her program of study.

Should an emergency arise that requires immediate action, I authorize BOCES to take my child to the nearest emergency first aid station or hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred. If my child must be taken home and parent/guardian can not be reached, please call:

Name: _____ Relationship to Student: _____ Phone: _____

Does student have any special conditions, requirements, medications, or anything the classroom teacher should know about? Yes No

If YES, please list: _____

Allergies? Yes No To what? _____

Signature of Parent/Guardian _____ Date _____

PROGRAM & HOME SCHOOL INFORMATION (to be filled in by counselor.)

New Visions Program Selection*: _____

Currently Enrolled in CTE? _____ Current Program: _____

*Required student essay: Why do you believe you can flourish in a New Visions Program? Support your answer with examples. Responses may include but are not limited to work, extra curricular and school activities. Essay needs to be typed, double spaced, and at least one page. Counselor - please send essay and completed application to CTE Guidance Office by April 5, 2024.

School District _____ If School District is Notre Dame, enter Home District _____ Grade Sept. '24 _____ District Student ID _____

School Counselor's Name _____ Phone _____ Counselor's Email _____ Date _____

DATA FOR STATE/OTHER REPORTING (to be filled out by counselor - dropdowns/type-ins provided)

Confidential data included in two columns on left is for State reporting purposes. Please check/fill in all that applies below.

Racial/Ethnic Group*	Check All Applicable*	Diploma Track*	Regents/Final Exams*
A - Asian; B - Black/African Am.; I - Am. Indian/Alaska Native; P - Native Hawaiian/Other Pacific Islander; W - White	____ IEP**	____	ELA Score ____ Earth Science Score ____
____	____ 504 Plan**	____	Algebra I Score ____ Living Env. Score ____
____	____ Behavioral Intervention Plan	____	Algebra II Score ____ Global History Score ____
____	____ English Language Learner	____	Geometry Score ____ US History Score ____
____	____ Academically Disadvantaged	____	Cumulative GPA:* ____ Eng. 11 Grade to Date:* ____
____	____ Economically Disadvantaged	____	Days absent to date in 2023-24:* ____

*Required for All Students

** CURRENT IEPs and 504 Plans MUST BE PROVIDED TO OHM BOCES

BOCES does not discriminate on the basis of sex, color, nationality, handicap, or age.