Career and Technical Education
APPLICATION INFORMATION

STUDENT INFORMATION *to be filled out by parent/guardian*

Name: _____ Birth Date: _____ (mm:dd:yyyy) Age: _____ Gender: ☐M ☐F ☐NB

Home Address: _____ Home 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: ☐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: ☐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 and phone below.*

Home Address: _____ Home Phone: _____

Other Parent/Guardian Relationship: _____ Does other parent/guardian receive school mailings?: ☐Yes ☐No

EMERGENCY AUTHORIZATION, MEDICAL INFO & PARENT/GUARDIAN PERMISSION *to be filled out by parent/guardian*

I hereby approve of my student entering the one or two year program (see Program Selection below) at the Career and Technical Education Center. I agree to provide them with the uniform or equipment needed for the program. I further grant them 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 student will be given a Code of Conduct that they will be required to sign, return and abide by to remain in their program of study. Should an emergency arise that requires immediate action, I authorize BOCES to take my student 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 student must be taken home and parent/guardian can not be reached, please call:

Name: _____ Relationship to Student: _____ Phone: _____

Does the student have any special conditions, requirements, medications or anything that CTE staff should be aware of? ☐Yes ☐No

If YES, please list: _____

Allergies? ☐Yes ☐No If YES, to what? _____

Signature of Parent/Guardian _____ Date: _____

PROGRAM & HOME SCHOOL INFORMATION *to be filled out by counselor*

Program Selection: _____

Currently Enrolled in CTE? _____ Current Program: _____

This registration form does not guarantee admission to the program you desire. You will be notified at a later date if you are not accepted.
If you change your mind about enrolling, you must notify your school counselor immediately.

School District	If School District is Notre Dame, enter Home District	Grade September 2025	District Student ID

School Counselor's Name	Phone	Counselor's Email	Date

DATA FOR STATE/OTHER REPORTING *to be filled out by counselor*

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

Racial/Ethnic Group*

- ☐ Asian
- ☐ Black/African Am.
- ☐ Am. Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White

Hispanic ☐ Yes ☐ No

Home Language (If other than English)*

_____

Check All Applicable*

- ☐ IEP**
- ☐ 504 Plan**
- ☐ Behavioral Intervention Plan
- ☐ English Language Learner
- ☐ Academically Disabled
- ☐ Economically Disabled

Diploma Track*

_____

Year Entered Grade 9*

_____

Regents/Final Exams

LIV ENV REQUIRED FOR NURSE ASST; OTHERS UPON REQUEST

ELA	Score_____	Earth Science	Score_____
Algebra I	Score_____	Living Env.***	Score_____
Algebra II	Score_____	Global History	Score_____
Geometry	Score_____	US History	Score_____

Cumulative GPA:* _____

Days absent to date in 2024-25*

_____

***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.