

MSA Intake Application

Return completed application to:

Carolyn LaSalle, School Counselor
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OHM BOCES Middle Settlement Academy
Ph: 315-223-6030 prompt 1 Fax: 315-223-6028



P.O. Box 70 • 4747 Middle Settlement Road • New Hartford, NY 13413-0070

Date: _____ Student's Name: _____

Date of Birth: _____ Age: _____ Grade: _____ District ID: _____

Gender: _____ Ethnicity 1: _____ Ethnicity 2: _____ Hispanic: Yes No

Home Street Address _____ City _____ Zip Code _____

Name of Primary Parent/Guardian _____ Relationship to student _____ email address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home District: _____ District Counselor: _____

Counselor Phone: _____ Counselor Email: _____

Reason for Referral: _____

The following records are **required** to determine eligibility for admission:

Mandatory Student Records:

- _____ Copy of Transcript
- _____ All Previous Report Cards
- _____ Attendance
- _____ Discipline Log
- _____ Scores of State Tests
- _____ Completed Science Lab Minutes _____
- _____ Medical Records

Services in Place:

- _____ Counseling _____
- _____ Probation Officer _____
- _____ IRT _____
- _____ Preventative _____
- _____ ICAN _____
- _____ PIN or PINS Diversion _____
- _____ Other _____

Mandatory Student Records If Applicable:

IEP NO YES

504 Plan NO YES

ELL NO YES _____ NYSESLAT scores / 1st Language: _____ / _____

Psychological Evaluation NO YES

Copy of Hearing Officer's Minutes NO YES

(including statement of conditions of return)

SchoolTool Transfer:

I transferred student NO YES

A student will not be contacted for an intake appointment until SchoolTool transfer has been completed and all required documentation has been received by MSA.)

Home School Principal Approval: _____ Date: _____

Chief School Officer Approval: _____ Date: _____