STUDENT APPLICATION FORM **SY 2026-27**

STUDENT INFORMATION

Student ID #

First Name | **Middle Name** | **Last Name**

Date of Birth | **Gender** | **Preferred Pronouns (Optional)**

Male Female Non-Binary | He/Him She/Her Other

Race (*) | **Ethnicity**

Hispanic Non-Hispanic

Race 1 | **Race 2** | **Race 3**

Race 4 | **Race 5**

(*) NOTE: **As indicated on Student's Demographic Page. If listed Multiracial, please enter all races as indicated on Student's Demographic Page. OPTIONS: American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian/Other Pacific Islander | White**

Cell Phone # (*) | **Email (*)**

(*) NOTE: **Cell Phone # & Email must both be unique to Student. They CANNOT be shared with Student's Guardian Contact(s).**

McKinney Vento Status

Yes No

Address | **Unit #**

City | **State** | **ZIP Code**

GUARDIAN INFORMATION

PRIMARY CONTACT INFORMATION

First Name | **Last Name** | **Relationship to Student**

Primary Phone # | **Primary Phone Type** | **Email**

Cell Phone Landline

Secondary Phone # (Optional) | **Secondary Phone Type**

Cell Phone Landline

Address | **Unit #**

City | **State** | **ZIP Code**

SECONDARY/EMERGENCY CONTACT INFORMATION (OPTIONAL)

First Name	Last Name	Relationship to Student

Primary Phone #	Primary Phone Type	Email
	◯ Cell Phone ◯ Landline	

Secondary Phone # (Optional)	Secondary Phone Type	
	◯ Cell Phone ◯ Landline	

Address		Unit #

City	State	ZIP Code

SCHOOL INFORMATION

Attending District	Elementary District (*Required if Attending District is a CHSD)	

Sending District	Attending School	Counselor

Grade [AS OF SEPT. 2026]

◯ 9th ◯ 10th ◯ 11th ◯ 12th ◯ UGS

IEP?	504 Plan?	Declassification?
◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No

ESL Level

◯ 1 - Entering ◯ 2 - Emerging ◯ 3 - Transitioning ◯ 4 - Expanding ◯ 5 - Commanding ◯ N/A

Free or Reduced Lunch?

◯ Yes ◯ No

Is Student Attending a Nassau BOCES Program?

◯ Yes ◯ No

Which Nassau BOCES Program?

◯ Career Preparatory High School ◯ Center for Community Adjustment ◯ Iris Wolfson High School

NOTE: For Physical Education Pullout requests and concerns, contact the applicable Counselor below.

Barry Tech	GC Tech	LIHSA
Karen Recar (KRecar@nasboces.org)	Susan Piarulli (SPiarulli@nasboces.org)	Melissa Stencel (MStencel@nasboces.org)

PROGRAM PREFERENCE

Primary Program Choice

Secondary Program Choice (Optional) (*)

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

In addition to Primary/Secondary Program Choice(s), consider Student for other Skills Program(s)?

◯ Yes ◯ No

Consider for Skills Program Choice #1 (Optional)

Consider for Skills Program Choice #2 (Optional)

Consider for Skills Program Choice #3 (Optional)

NOTE: **Consider for Skills Program Choice(s) CANNOT be the same as the Primary/Secondary/Other Program Choice(s).**

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 smaller 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.**

MEDICAL SPECIAL ALERTS

Does Student have a Medical Aide or Nurse?

◯ Yes ◯ No

Does Student have an Allergy?

◯ Yes ◯ No

Allergy Information [125 Character Limit]

REQUIRED ATTACHMENTS

Documents

☐ **1. Attendance Record** ☐ **2. Current Report Card** ☐ **3. Demographic Page**

☐ **4. Discipline History** ☐ **5. Health & Immunization Records** ☐ **6. Transcript**

Documents (*Required if Student has IEP)

- **IEP (Printable Copy)**
- **Psychological Assessment**

Document (*Required if Student has 504 Plan)

- **504 Plan (Printable Copy)**

Document (*Required if Student has Declassification)

- **Declassification**

ADDITIONAL INFORMATION

Enter additional information here. (Optional) [125 Character Limit]

For Student Application Support, contact the applicable Guidance Office below.

Barry Tech	GC Tech	LIHSA	Central Registrar
(516) 622-6812/6814	(516) 604-4258	(516) 622-5672	(516) 396-2378