

Herkimer-Fulton-Hamilton-Otsego BOCES
Career and Technical Education Registration
352 Gros Boulevard, Herkimer, NY 13350

2012-2013

District: _____
 Name: _____ Birth Date: _____ Student ID: _____ Gender: M F
Last First MI

Home Address: _____ Home Phone: _____
Street City State Zip Code

Parent(s)/Guardian(s) Name(s): _____ Also, please fill in Mother and Father below.
(Person(s) student lives with – for home mailings; i.e., Mr. and Mrs. John Smith or John and Mary Smith or Ms. Mary Smith, etc.)

Mother Name: *Mrs. Ms. Miss* _____ Work Phone: _____

Cell Phone: _____ Does student live with Mother?: 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)

Father Name: _____ Work Phone: _____

Cell Phone: _____ Does student live with Father?: 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)

Currently Enrolled in CTE?: Yes No Current Course: _____

Course Selection - 1st Choice: _____ 2nd Choice: _____

*This registration form does not guarantee admission to the course 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 guidance counselor immediately.*

PARENT PERMISSION, MEDICAL AND EMERGENCY AUTHORIZATION

I hereby approve of my son/daughter entering the above program at the Career Tech Center. I agree to provide him/her with the uniform or equipment needed for the course. I understand my son/daughter may utilize computer programs: e-mail, internet, etc. for appropriate educational purposes only. I further grant him/her permission to operate power equipment that may be used in this course, after proper instructions have been given for its operation. I understand and agree that my son/daughter will not be allowed to drive to the Career Tech Center. My child may participate in picture taking activities that may be released to news media. I understand that my son/daughter will be given a Code of Conduct that he/she will be required to sign 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 neither parent can be reached, please call:

Name & Relationship to Student _____ Phone: _____

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 state here: (i.e., diabetes, heart problems, epilepsy, allergies, asthma, etc.)

Signature of Parent/Guardian _____ Date _____

HOME SCHOOL DISTRICT APPROVAL

BOCES GED: BOCES Sp. Ed.:

**** IEPs MUST ACCOMPANY APPLICATIONS ****

Guidance Counselor Signature _____ Date _____ Grade in Sept.: _____

CSE Signature* _____ Date _____ *If student is classified.

DATA FOR STATE REPORTING

Please supply the following confidential data for State reporting purposes (not by name): (Check all that apply.)

Racial/Ethnic Group	Check If Applicable	Diploma Track
___ Amer. Indian/Alaskan Native	___ IEP	___ Regents
___ Asian (Oriental/Pacific Islander)	___ 504 Plan	___ Local
___ African American	___ Behavioral Intervention Plan	___ IEP
___ Caucasian/White	___ English Language Learner	___ GED
___ Hispanic	___ Free/Reduced Lunch	
___ Multiracial	___ Student is Single Parent	

Programs are available to all qualifying students without regard to sex, race, color, national origin, handicap, marital or military status, or sexual orientation.

District: Please submit THIS ORIGINAL, fully executed form to BOCES.