



CAREER PATHWAYS 2007-2008 ENROLLMENT FORM

New York State Education Department

School: _____ **Current Grade Level:** _____ **Year You Will Graduate:** _____

1. Registration Information: (Please print)

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail Address: _____

Date of Birth: _____ Gender: _____ Male _____ Female

2. Career Pathways Certificate: (Circle one) Select the certificate you're interested in.

Option A:	Business Management	Engineering & Technology	Health Care Careers
Option B:	General Studies (2+2 or 2+1+1)		
Option C:	Individual Studies		

3. Career Pathways Shadowing/Internship Experience: Students receiving a Career Pathways Certificate must complete a job shadowing or internship experience. If you have completed a shadowing or internship experience, complete the following:

Career you shadowed: _____ Business you visited: _____

Approximate date of your shadowing experience: _____

(Circle the program that coordinated your shadowing experience)

New Visions	Project Sites	Regional Program	SABA	Other: _____
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4. Ethnic Indicator: This information is used by Career Pathways to comply with US Government data collection and not for discriminatory purposes. (Check one)

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Hawaiian or Pacific Islander |

5. Special Needs: (check if applicable)

- | | |
|--|---|
| <input type="checkbox"/> ESL | <input type="checkbox"/> Physically Challenged |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Economically Disadvantaged |

6. Signatures & Consent: I understand that this is an enrollment form for the Career Pathways Program and that I consent to the collection of all necessary information to support the federal reporting requirements.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Incentives and Awards: Students completing Career Pathways Certificates are eligible to receive:
Scholarships - 12 Career Pathways Scholarships are awarded annually.
Book Incentives - **All** students are eligible to receive **\$100 in Book Incentives** if they attend one of the four (4) Career Pathways Partner Colleges: MVCC, SUNY IT, UC, or USC.

7. Mail or Fax: **Oneida BOCES Career Pathways**
 Box 70, New Hartford, NY 13413
 Fax: (315) 793-8531 Phone: (315) 793-8616