

New Visions - Career and Technical Education Registration Information

Oneida BOCES - Box 70 - New Hartford, NY 13413-0700

STUDENT INFORMATION STUDENT INFORMATION (to be filled in by parent/guardian - please print)

Name: _____ Birth Date: _____ Age: _____ Gender: M F
Last First M.I. MM-DD-YYYY

Home Address: _____ Home Phone: _____
Street City State Zip Code Area code only if not 315

Please fill in all Parent/Guardian information below that applies. (A Primary Parent/Guardian is a person student lives with.)

Primary Parent/Guardian Prefix (please circle): 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 (circle): 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 & phone below)

Home Address: _____ Home Phone: _____
(If different than student's) Street City State Zip Code (If different than student's)

Other Par/Guar Relationship: _____ Does Other Parent/Guardian receive school mailings?: Yes No

EMERGENCY AUTHORIZATION, MEDICAL INFO, & PARENT/GUARDIAN PERMISSION (to be filled in by parent/guardian)

I hereby approve of my son/daughter entering the one program (see New Visions Program Selection below) at the Career and Technical Education Center. I agree to provide him/her with the uniform or equipment needed for the program. I further grant him/her 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 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 parent/guardian can not be reached, please call:

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 list: _____

Allergies? Yes No To what? _____

Signature of Parent/Guardian _____ Date _____

PROGRAM & HOME SCHOOL INFORMATION (to be filled in by counselor.)

New Visions Program Selection*: _____

Currently Enrolled in CTE? _____ Current Program: _____

*Please attach an essay (at least one page) discussing a significant accomplishment, event, or realization of a goal. Discuss why this was your goal, how you achieved it, and what you learned from the experience. Send to OHM BOCES CTE Guidance Office by April 1, 2022.

School District Notre Dame, STEPS, Bridges Home Dist. Grade Sept. '22 District Student ID

School Counselor's Name Phone Counselor's Email Date

DATA FOR STATE/OTHER REPORTING (to be filled out by counselor - dropdowns/type-ins provided)

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

Racial/Ethnic Group*	Check All Applicable*	Diploma Track*	Regents/Final Exams*	
A - Asian; B - Black/African Am.; I - Am. Indian/ Alaska Native; P - Native Hawaiian/Other Pacific Islander; W - White	____ IEP** ____ 504 Plan** ____ Behavioral Intervention Plan ____ English Language Learner ____ Academically Disadvantaged ____ Economically Disadvantaged	____ <u>Year Entered</u> <u>Grade 9*</u>	ELA Score ____ Algebra I Score ____ Algebra II Score ____ Geometry Score ____ Cumulative GPA:* ____	Earth Science Score ____ Living Env. Score ____ Global History Score ____ US History Score ____ Eng. 11 Grade to Date:* ____ Days absent to date in 2021-22:* ____

*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.