Print Form

OHM BOCES Regional Summer School 2020

Middle School Registration Form

STUDENT INFORMATION TO BE FILLED OUT BY PARENT/GUARDIAN & RETURNED TO GUIDANCE COUNSELOR

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

Home Address: _____ NY _____ 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: _____

Work Phone: _____ Cell Phone: _____ Email: _____

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: _____ Email: _____

Other Par/Guar Relationship: _____ Does student live with Other Parent/Guardian?: Yes No (If No, fill in info below)

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

EMERGENCY AUTHORIZATION, MEDICAL CONCERNS, & PARENT/GUARDIAN PERMISSION

If my child must be taken home and parent(s)/guardian(s) cannot be reached, please call:

Name: _____ Relationship to Student: _____ Phone: _____

Should an emergency arise that requires immediate action, I authorize BOCES to take my child to the nearest first aid available or to a hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

Does student have any special conditions, requirements, medications, or anything the classroom teacher should know about? **Yes** **No**

If YES, please state here: _____

Allergies? **Yes** **No** To what? _____

I have read, understand and will comply with the policies & Code of Conduct of summer school as set forth in the brochure.

I also understand and agree that under no circumstances will my child's class period be changed, nor will any exceptions be made to the attendance policy. (See policy at www.ohmboces.org/SumSchInfo.htm and in the Summer School brochure.)

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

COURSE & HOME SCHOOL GUIDANCE INFORMATION (to be filled out by counselor)

Course Selection 1: _____

Course Selection 2: _____

School District | **Notre Dame District** | **Track** (Intervention/Enrichment/Audit) | **Grade Completing** | **Unique Student ID**

Guidance Counselor's Name | **Phone** | **Counselor's Email** | **Date**

ESL Student: _____ (Yes or No) **Special Education Student:** _____ (Yes or No) Please circle modifications below - if applicable.

Test modification requirements: IEP *OR* **504** **Test mod. personnel:** Our Own School District *OR* Additional BOCES Contract

Please attach copy of the IEP, 504 Accommodation Plan, and/or Test Modification to this form.

NOTE: Counselor/district representative registering student using OHM BOCES Regional Summer School Online Form confirms parent/guardian authorization/approval.

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