

**Career and Technical Institute  
Board of Cooperative Educational Services  
2018-2019 Application for Enrollment**

Date Received at CTI: \_\_\_\_\_

**PERSONAL INFORMATION**

Student's Full, Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Student Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: (P.O. Box or Street) \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Student Cell Phone Number: \_\_\_\_\_

Student e-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Parent or Guardian 1 \_\_\_\_\_ Parent or Guardian 2 \_\_\_\_\_

Does the Student Live with This Person:  Yes  No      Does the Student Live with This Person:  Yes  No

Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Parent/Guardian e-mail \_\_\_\_\_ Parent/Guardian e-mail \_\_\_\_\_

Home( ) \_\_\_\_\_ Work( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_      Home( ) \_\_\_\_\_ Work( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone (Home/Work/Cell) \_\_\_\_\_

**PROGRAM INFORMATION**

School Year: 2018-2019 Grade Level for Indicated School Year: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Resident District: \_\_\_\_\_ Sending School Counselor: \_\_\_\_\_

Student Grade 9 Entry Date: \_\_\_\_\_ Student's Expected Graduation Date: \_\_\_\_\_

**Indicate your first, second and third choices using 1, 2 and 3.**

- |   |  |   |
|---|--|---|
| ___ Automotive Technology I (PM) M            | ___ Culinary Arts/Restaurant Mgt. I (PM) M                             | ___ Security and Law Enforcement I (PM) PE  |
| ___ Automotive Technology II (AM) M           | ___ Culinary Arts/Restaurant Mgt. II (AM) M                            | ___ Security and Law Enforcement II (AM) PE |
| ___ Auto Body Collision & Refinishing I (PM)  | ___ Early Childhood Education I (PM) M                                 | ___ Small Engine Technology I (PM) M        |
| ___ Auto Body Collision & Refinishing II (AM) | ___ Early Childhood Education II (AM) M                                | ___ Small Engine Technology II (AM) M       |
| ___ Career Exploratory Program (PM)           | ___ Graphic Design I (PM)  | ___ TV/Film Production I (PM)               |
| ___ Computer Hardware Technology (PM) M       | ___ Graphic Design II (AM)   | ___ TV/Film Production II (AM)              |
| ___ Computer Networking (AM) M                | ___ Introduction to Health Occupations (PM)                            | ___ Trade Electricity I (PM) M,S            |
| ___ Construction Trades I (PM) M              | ___ Nursing Assistant (AM) S   | ___ Trade Electricity II (AM) M,S           |
| ___ Construction Trades II (AM) M             | <i>prospective students must have completed IHOC</i>                   | ___ Careers in Animal & Plant Sciences (PM) |
| ___ Cosmetology I (PM) S                      | ___ Practical Nursing I (PM)   | ___ Veterinary Science (AM)                 |
| ___ Cosmetology II (AM) S                     | <i>prospective students must test successfully to place in program</i> | ___ Welding I (PM)                          |
|   |  | ___ Welding II (AM)                         |

**Academic Requests:**     MST - Math       MST – Science       High School Equivalency \*

\*Please note: Students requesting entry into HSE must arrange with their home school counselors to pre-test at CTI.

**All programs, except Career Exploratory, include a ½ credit ELA per year. Other academics as indicated: M - Math, S - Science, PE - Phys. Ed.**

Counselor Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEMOGRAPHIC and SPECIAL EDUCATION INFORMATION**

Student's Current Diploma Track:  Regents  Local  High School Equivalency  CDOS Credential  Skills & Achievement CC

English Language Learner (ELL):  Yes  No Primary Language Spoken at Home: \_\_\_\_\_

Is Student a Migrant:  Yes  No Is Student Economically Disadvantaged:  Yes  No Is Student a Single Parent:  Yes  No

Is Parent a Displaced Homemaker:  Yes  No Is the Student of Hispanic Origin:  Yes  No

Student Ethnicity:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian/Other Pacific Islander  White

Student Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Does this Student have an IEP:  Yes  No Does this Student have a 504 Plan:  Yes  No Has this Student been Declassified:  Yes  No

**\*Please Note: the School Nurse Section is now on page 3 of 3**

**SIGNATURES**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Counselor or District Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***THIS FORM MUST BE FILLED OUT COMPLETELY. The Enrollment Application cannot be processed if all requested information is not provided. If the student is classified, has been declassified or has a 504 Plan, supporting documentation must be provided via IEP Direct. \*Please make sure page 3 health information is complete.***

Student Name: \_\_\_\_\_ Home School: \_\_\_\_\_ Counselor: \_\_\_\_\_

**HOME SCHOOL NURSE SECTION**

Is there any Condition that Requires Special Care:  Yes  No

List any Acute or Chronic Illnesses or Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Immunization Information: Complete this section noting the current status of the applicant under NYS PHL Article 21, Title VI, Sections 2164 & 2168 regarding the most current Immunization Requirements for School Entrance/Attendance.

Circle Yes or No:

Immunizations Complete    YES    NO

Immunizations in Process    YES    NO

Medical Exempt    YES    NO

Religious Exempt    YES    NO

Date of Last Tetanus Injection: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_