



CENTER FOR CAREER SERVICES | SECONDARY DAY CTE | ENROLLMENT PACKET 2019-2020

Today's Date: _____ Is this a returning Student? Yes No
 Sending District: _____ Home District: _____ Main Office Phone: _____
 Billing District: _____ School Name: _____ Guidance Office: _____

(PLEASE PRINT)

STUDENT INFORMATION

Last Name: _____ First Name: _____ MI: _____
 Date of Birth: _____ Male / Female / X: _____
 Home School Student ID#: _____ Year Student Entered 9th Grade: _____
 Student Grade Level in September: _____ Anticipated Graduation Year: _____
 Home School Counselor: _____ Is the student pursuing a CDOS Credential? Yes No
 Home Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____

Is the student: A single parent A displaced homemaker Eligible for free lunch
(student only) Economically disadvantaged An English Language Learner Eligible for reduced lunch

Are there any other barriers to achievement? YES NO

If so, please explain: _____

Is the Student of Hispanic, Latino, or Spanish Origin? YES NO
Is the Student Multiracial? YES* NO **If YES, please check all that apply below*

Ethnicity of Student: American Indian/Alaskan Native White
 Asian Black or African American Pacific Islander or Hawaiian

Dominant Language: _____

Does the student have an IEP/504? YES* NO **If so, please attach most current IEP / 504*

**Finalized IEP /504 for 2019-20 must be received by Sept 1ST *Please share with IEP Direct*

PARENT/GUARDIAN INFORMATION

Mother/Guardian: _____ **Father/Guardian:** _____
 Home Telephone #: _____ Home Telephone #: _____
 Home Address: _____ Home Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Work #: _____ Cell #: _____ Work #: _____ Cell #: _____
 Email: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Name:** _____
 Relationship to student: _____ Relationship to student: _____
 Home Telephone #: _____ Home Telephone #: _____
 Work #: _____ Cell #: _____ Work #: _____ Cell #: _____
 Email: _____ Email: _____

CTE SECONDARY DAY (101)**[] AM 8:25 – 10:55****[] PM 11:55 – 2:25**

The Secondary Career and Technical Education (CTE) Programs prepare students to become College and Career ready. Our CTE programs offer students the opportunity to obtain 21st century College and career skills. Students enrolled will spend a half-day in their local high schools and the other half at The Center for Career Services Valhalla campus. Students will learn in technology-supported classrooms and all instruction is facilitated by NYSED certified CTE and academic teachers with extensive professional experience in their respective fields.

CAREER CLUSTER / PROGRAM SELECTION*(Please select one program only)***Agriculture, Food & Natural Resources** Animal Science**Arts, Audio / Video Technology & Communication**

- Architecture & Interior Design / 3D Art
- Commercial Art / Multimedia
- Fashion Design & Merchandising
- Sound Production
- TV / Video Production

Health Science

- Emergency Medical Services (EMS)
- Nursing Assistant **Year 1 PM Session Only*
**Year 2 AM Session Only*

Information Technology CISCO**Manufacturing Production** Pre- Engineering / Auto Cad**Transportation, Distribution & Logistics**

- Automotive Technology
- Collision Technology

Architecture & Construction

- Construction / Plumbing
- Electrical Construction

Business Management & Administration

- Computer Information Systems &
Medical Administrative Assistant (CISMAA)

Hospitality & Tourism Culinary Arts**Law & Public Safety** Security, Law & Policing**Marketing Sales & Services** Cosmetology**CHECK LIST****Has the following been completed:***(check if completed)*

- Homeschool Information
- Student Information
- Parent Guardian Information
- Emergency Contact Information
- Health History
- AM / PM Selection
- Career Cluster / Program Selection
- Attached Recent Transcript
- Attached IEP / 504 for 2019-20 School Year **(if applicable)*
- iCTE Placement Checklist **(if applicable)*

Did the Parent / Guardian sign application? Yes No

INTEGRATED ACADEMICS

The Center for Career Services has been approved by the New York State Education Department to recommend the following integrated academic credit as part of the Secondary Career and Technical Education (CTE) program.

To be eligible for these credits students must:

- Have successfully completed and passed a two year NYSED approved sequence in CTE
- Have at least seven quarters of enrollment in the integrated subject area
- Have passed the Regents exam, or approved RCT alternatives, for that subject area

INTEGRATED ACADEMIC CREDIT

Program Approval

Program	English 12	Math	Science
Animal Science	English 12		Science
Architecture & Interior Design / 3D Art	English 12		
Automotive Technology*	English 12	Math	
CISCO (<i>pending program approval</i>)	English 12		
Collision Technology*	English 12	Math	
Commercial Art* / Multimedia	English 12		
Computer Information Systems & Medical Administrative Assistant	English 12		
Construction / Plumbing*	English 12	Math	
Cosmetology	English 12		Science
Culinary Arts*	English 12		
Electrical Construction*	English 12	Math	
Emergency Medical Services (EMS)	English 12		Science
Fashion Design & Merchandising	English 12		
Nursing Assistant	English 12		Science
Pre-Engineering* / Auto Cad	English 12	Math	Science
Security, Law & Policing*	English 12		Science
Sound Production	English 12		Science
TV / Video Production*	English 12		

Technical Endorsement:

A Center for Career Services student can also gain a technical endorsement on his or her Regents Diploma that reflects student achievements, if the student:

- ✓ Completes all graduation requirements and the CTE sequence requirements
- ✓ Passes a technical assessment
- ✓ Passes the required Regents exams (or approved alternatives)

Multiple Pathways – 4+1 Graduation Option:

Please contact the Center for Career Services to inquire about the technical assessments currently approved by NYSED to complete the CTE pathway option.

**These courses lead to a NYSED approved CTE Assessment, which may count as a 4+1 CTE Pathway exam. For additional information please visit: <http://www.p12.nysed.gov/cte/>*



SOUTHERN WESTCHESTER BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Student Name: _____ **School Main Phone:** _____
District: _____ **Nurse's Office Phone:** _____

HEALTH HISTORY

Doctor's Name: _____
Telephone #: _____
 Is student taking medication? _____ If so, why? _____
 Name of Medication(s): _____
 Dosage? _____
 Frequency? _____

Student has the following condition(s) which require special consideration in an emergency:

Any Physical Reaction(s)? _____

Has student had any of the following?

- | | | |
|------------------------|--|---|
| Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so: Grand Mal <input type="checkbox"/> Petit Mal <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Allergies | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ Acuteness: _____ Presents with: _____ |
| Bee Sting | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, indicate treatment: |
| Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Oral Med. <input type="checkbox"/> Injection <input type="checkbox"/> Hospital |
| Heart Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Loss of Consciousness | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Head Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, date of injury: _____ |
| Kidney Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Blood Pressure Problem | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vision Impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Hearing Impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Date of last Tetanus Injection? _____

Other medical information: _____

I have read the above information and answered the questions to the best of my knowledge.

I am the parent/guardian of the child named on this application. In the event he/she needs emergency treatment and I cannot be reached, I request the emergency treatment be administered at the nearest hospital.

PARENT/GUARDIAN SIGNATURE

DATE