

Career and Technical Institute
Board of Cooperative Educational Services

2015-2016

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

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

Is the Student of Hispanic Origin: Yes No

PROGRAM INFORMATION

School Year: _____ Grade Level for Indicated School Year: _____

District: _____ School: _____

Resident District: _____ Sending School Counselor: _____

Please Indicate Three Choices on the Attached List

Academic Requests: MST - Math MST - Science High School Equivalency

Counselor Remarks: _____

PARENT INFORMATION

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 Above Student _____

Relationship to Above Student _____

Parent/Guardian e-mail _____

Parent/Guardian e-mail _____

Parent/Guardian 1 Phone Numbers:

Parent/Guardian 2 Phone Numbers:

Home() _____ Work() _____ Cell() _____

Home() _____ Work() _____ Cell() _____

Is Parent a Displaced Homemaker: Yes No

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

SPECIAL EDUCATION INFORMATION

Does this Student have an IEP: Yes No

Does this Student have a 504 Plan: Yes No

Has this Student been Declassified: Yes No

DEMOGRAPHIC INFORMATION

Students 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 an Immigrant: Yes No Is Student a Migrant: Yes No

Is Student Economically Disadvantaged: Yes No

Is Student a Single Parent: Yes No

Student Place of Birth: City _____ State _____ Country _____

Student Grade 9 Entry Date: _____

Student's Expected Graduation Date: _____

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: _____ Why: _____

Date of Last Tetanus Injection: _____

School Nurse Signature: _____ Date: _____

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.