

## APPLICATION FOR ADMISSION TO BOCES SPECIAL EDUCATIONAL PROGRAMS

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Desired Entry Date: \_\_\_\_\_

<b>1) Ethnicity</b>	Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>2) Race</b>	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White

Date of Birth: \_\_\_\_\_ Classification: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Referring School District: \_\_\_\_\_ Current Placement: \_\_\_\_\_

**BOCES program student is being referred to:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Springboard* 12:1:1 (grades 6-8) | <input type="checkbox"/> Turning Point 8:1:1 (K-12+) | <input type="checkbox"/> Branches 8:1:1                             |
| <input type="checkbox"/> Springboard* 12:1:1 (9-12+)      | <input type="checkbox"/> TASC                        | <input type="checkbox"/> Steps 12:1:4                               |
| <input type="checkbox"/> Bridges** 12:1:1 (6-8)           | <input type="checkbox"/> Lighthouse (K-5)            | <input type="checkbox"/> Half-Day Career Skills: AM_____ or PM_____ |
| <input type="checkbox"/> Bridges** 12:1:1 (9-12+)         | <input type="checkbox"/> Lighthouse (6-12)           | <input type="checkbox"/> Half-Day Career Skills at Cornell          |

\*Springboard expected credential: Regents/CDOS. \*\*Bridges expected credential: SACC.

**Anticipated graduation outcome (check one):**  Regents  TASC  SACC

**ASSESSMENT (check one):**  3 – 8  Regents/RCT  NYSAA

**The items listed below are required to compile a complete application packet. The intake appointment cannot be scheduled and student will not be enrolled in a BOCES program until BOCES has received these items. Please check the items included with this application.**

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Education Plan: Date of IEP _____                       | <input type="checkbox"/> FBA/BIP: Dated _____ (if applicable)                                   |
| <input type="checkbox"/> Psychological Evaluation: Date of Eval _____                       | <input type="checkbox"/> Principal's Report: Record of Behavior Report<br>Date of Report: _____ |
| <input type="checkbox"/> Counseling Report: Date of Report _____<br>(if recommended on IEP) | <input type="checkbox"/> Copy of Transcript (ALL HS AGE STUDENTS)                               |
| <input type="checkbox"/> Medical Reports: Date of Report _____                              | <input type="checkbox"/> Grade 4 Assessment <input type="checkbox"/> Grade 8 Assessment         |
| <input type="checkbox"/> Health & Immunization: Most recent entry _____                     | <input type="checkbox"/> Level 1 Vocational Assessment  |

**SEND ALL APPLICATIONS TO SUSAN TRIPP VIA EMAIL, MAIL OR FAX: [stripp@tstboces.org](mailto:stripp@tstboces.org), fax 607-257-2958**

Signature of Committee on Special Education Chairperson \_\_\_\_\_  
(indicates School Superintendent and Special Education Committee are in support of the referral)

Date Signed: \_\_\_\_\_

Date CSE Chair sent form to BOCES: \_\_\_\_\_

- BOCES Office Use-  
Date Received in Program Office: