

## 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
<b>3) Does the student receive any ENL Services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

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

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

E-mail Address: \_\_\_\_\_ Lives with:  Yes  No Cell phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Lives with:  Yes  No Cell phone: \_\_\_\_\_

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

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Springboard* 12:1:1         | <input type="checkbox"/> Branches 8:1:1       | <input type="checkbox"/> Little Lighthouse (K-5)              |
| <input type="checkbox"/> Turning Point 8:1:1 (K-12+) | <input type="checkbox"/> Steps 12:1:4         | <input type="checkbox"/> Lighthouse (6-12)                    |
| <input type="checkbox"/> Bridges**                   | <input type="checkbox"/> Primary Autism 8:1:3 | <input type="checkbox"/> Half-Day Career Skills at Cornell AM |
|  |   | <input type="checkbox"/> Half-Day Career Skills PM            |

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

**Anticipated graduation outcome (check one):**

- Regents  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"/> Principal's Report: Record of Behavior Report<br>Date of Report: _____ |
| <input type="checkbox"/> Psychological Evaluation: Date of Eval _____                       | <input type="checkbox"/> Copy of Transcript (ALL HS AGE STUDENTS)                               |
| <input type="checkbox"/> Counseling Report: Date of Report _____<br>(if recommended on IEP) | <input type="checkbox"/> Grade 4 Assessment <input type="checkbox"/> Grade 8 Assessment         |
| <input type="checkbox"/> Medical, Health, Immunizations _____                               | <input type="checkbox"/> Level 1 Vocational Assessment  |
| <input type="checkbox"/> Health & Immunization: Most recent entry _____                     | <input type="checkbox"/> Career Plan for Grades 9-12+   |
| <input type="checkbox"/> FBA/BIP (if applicable) Dated: _____                               |   |

**SEND ALL APPLICATIONS TO SUSAN TRIPP VIA EMAIL (stripp@tstboces.org), MAIL OR 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: