



Michelle G. Nolan, Principal
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TST REGIONAL ALTERNATIVE SCHOOL PROGRAM APPLICATION

MIDDLE SCHOOL ____ **HIGH SCHOOL** ____

INSTRUCTIONS:

- 1. Section A is to be completed by the student and parent/guardian.
- 2. Section B & C is to be completed by the home school district.
- 3. The completed application should be sent to the TST Alternative School by fax or mail (see above).

SECTION A: STUDENT AND PARENT/GUARDIAN (To be completed by the parent/guardian)

Student Name _____ Age ____ DOB _____

Home Address _____ Sex M F

Home Phone _____ Social Security Number _____

Data we report to NYSED/EEOP: Ethnicity: (check one): Latino ____ Non-Latino ____
Race: (check one) African American ____ Asian ____ Hawaiian/other Pacific Islander ____ Native American ____ White ____
Multi-racial ____

School Referring Student: _____ Grade _____

School Counselor _____

Parent/Guardian Name _____ Daytime Phone _____

Parent/ Guardian Email _____ Student Email _____

I wish to be considered for enrollment in the TST Alternative School because: _____

Student Signature

Date

Parent/Guardian - Please read the statement below and sign:

As a parent/guardian, I wish to have my son/daughter participate in the TST Alternative School Program.

Parent/Guardian Signature

Date

PLEASE RETURN TO HOME SCHOOL GUIDANCE OFFICE

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Student's Name: _____ DOB: _____

SECTION B: ACADEMIC/SCHOOL/SOCIAL HISTORY (To be completed by the home school District)
A complete student transcript, testing records and health records MUST be forwarded and this section must be completed.

Name of school district personnel completing this section _____ Title _____

Student currently enrolled. Year student entered 9th grade _____
Total credits necessary for graduation _____
Number of credits earned to date _____

Please indicate the primary reason(s) for suggesting an alternative placement for this student:

Has this student been referred to your school District's Committee on Special Education? Yes No

If yes, was pupil classified? * Yes No Classification: _____

Special Education Services Received: _____

Dates of Special Education Services: _____

***IF A STUDENT HAS BEEN OR IS CURRENTLY CLASSIFIED, WE NEED A CURRENT IEP AND THE SIGNATURE OF THE CSE CHAIRPERSON.**

If student was not classified but reviewed by the CSE, please include any recommendations made by the committee concerning this student. _____

Has this student received any school-based psychological or counseling services? Yes No

If yes, complete the following: SERVICES RENDERED SERVICE PROVIDER

_____	_____
_____	_____
_____	_____

TST REGIONAL ALTERNATIVE SCHOOL PROGRAM APPLICATION

Student's Name: _____ DOB: _____

IMPORTANT CHECKLIST
PLEASE ATTACH THESE FORMS BEFORE SENDING THE APPLICATION

<input type="checkbox"/> STUDENT TRANSCRIPT	<input type="checkbox"/> ATTENDANCE RECORD
<input type="checkbox"/> MOST RECENT REPORT CARD	<input type="checkbox"/> DISCIPLINARY REPORT
<input type="checkbox"/> REGENTS/RCT TEST RECORD	<input type="checkbox"/> HEALTH RECORD
<input type="checkbox"/> COUNSELING/PSYCH REPORT (IF APPLICABLE)	<input type="checkbox"/> SCIENCE LABS (IF APPLICABLE)
<input type="checkbox"/> MOST RECENT IEP (IF APPLICABLE)	<input type="checkbox"/> CDOS DOCUMENTATION (HOURS, CAREER PLAN, EMPLOYABILITY PROFILE)

SECTION C: ADMINISTRATION (To be completed by the home school district)

The _____ recommends that _____
(School district) (Student name)

be considered for admission into the TST Alternative School:

As soon as possible. Other (please specify) _____

Principal Signature _____ Date: _____

CSE Chairperson Signature _____ Date: _____

Business Manager Signature _____ Date: _____

Superintendent Signature _____ Date: _____