

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

<input type="checkbox"/> Individual Education Plan: Date of IEP _____	<input type="checkbox"/> Principal's Report: Record of Behavior Report 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 _____	<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
<small>*Must include most recent physical/health/allergy information</small>	<input type="checkbox"/> Career Plan for Grades 9-12+
<small>*Must include any current medical orders on file in health office</small>	
<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:
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