

Application for Enrollment

SCHOOL YEAR	<input type="text"/>	SENDING DISTRICT	<input type="text"/>
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■ PLEASE PRINT ALL INFORMATION

STUDENT INFORMATION	<input type="text"/>		<input type="text"/>	
	STUDENT NAME		PARENT/GUARDIAN NAME(S)	
	<input type="text"/>	<input type="text"/>	HOME PHONE: <input type="text"/>	Relation: <input type="text"/>
	Date of Birth (Month/Day/Year)	SOCIAL SECURITY NO.	EMERGENCY PHONE: <input type="text"/>	Relation: <input type="text"/>
	STREET ADDRESS		CELL PHONE 1: <input type="text"/>	Relation: <input type="text"/>
	CITY, STATE, ZIP		CELL PHONE 2: <input type="text"/>	Relation: <input type="text"/>
	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	EXPECTED GRADE LEVEL: <input type="text"/>	WORK PHONE: <input type="text"/>	Relation: <input type="text"/>

PROGRAM INFORMATION	PROGRAM CHOICE: <input type="text"/>	START DATE: <input type="text"/>	
	SESSION CHOICE: AM <input type="checkbox"/> PM <input type="checkbox"/>	CENTER LOCATION: F. Donald Myers Education Center Saratoga Springs, New York	Southern Adirondack Education Center Hudson Falls, New York
	INTEGRATED CREDIT REQUEST: English Language Arts <input type="checkbox"/> Math <input type="checkbox"/> CFM <input type="checkbox"/>		
	PULL OUT REQUEST(S): <input type="text"/>		

CONCERNS	Please contact district representative for information regarding concerns in the following areas:		
	Attendance <input type="checkbox"/>	Behavioral/Discipline <input type="checkbox"/>	Social <input type="checkbox"/>
	Medical <input type="checkbox"/>	Academic/Cognitive Levels <input type="checkbox"/>	Safety <input type="checkbox"/>

ACADEMIC INFORMATION	Student's current diploma track: Regents <input type="checkbox"/> Local <input type="checkbox"/> GED <input type="checkbox"/> IEP <input type="checkbox"/>
	PROGRAM STATUS: AHS <input type="checkbox"/> GED <input type="checkbox"/> SPED <input type="checkbox"/> PROGRAM LOCATION: Home School <input type="checkbox"/> BOCES <input type="checkbox"/>
	Does this student have an IEP? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate classification: LD <input type="checkbox"/> ED <input type="checkbox"/> OHI <input type="checkbox"/> SI <input type="checkbox"/> Other <input type="checkbox"/>
	Does this student have a 504 Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If this student is declassified, are test accommodations required for the upcoming year? Yes <input type="checkbox"/> No <input type="checkbox"/>
	IEP DIRECT ACCESS: YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If no, current IEP must accompany this form.</i>

CONFIDENTIAL	Is student eligible for free or reduced lunch? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is student a single parent? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Race/Ethnicity <input type="text"/>	Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/>

Student signature (if required by district): <input checked="" type="checkbox"/>	Date: <input type="text"/>
District Representative signature: <input checked="" type="checkbox"/>	Date: <input type="text"/>