



## Application for Enrollment

School Year \_\_\_\_\_ Sending District \_\_\_\_\_

**Student Information** Entering Grade: 11    12    UG    TASC    District \_\_\_\_\_ Student ID: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 (Legal Last w/suffix) (Legal First) (Legal Middle)

Nick Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Male Female  
 Street# \_\_\_\_\_ Street Name \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address if different: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Type: Home Cell Race/Ethnicity: \_\_\_\_\_

**Primary Parent/Guardian Information:** Legal Name: \_\_\_\_\_  
 Relationship to Student: Mother Father Legal Guardian Foster Parent Other: \_\_\_\_\_  
 Lives with student? Yes No (if no, then provide legal address) e-mail address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Type: Home Cell Work Phone: \_\_\_\_\_

**Additional Parent/Guardian Information:** Name: \_\_\_\_\_  
 Relationship to Student: Mother Father Legal Guardian Foster Parent Other: \_\_\_\_\_  
 Lives with student? Yes No (if no, then provide legal address) e-mail address: \_\_\_\_\_  
 Street# \_\_\_\_\_ Street Name \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing address if different: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Type: Home Cell Work Phone: \_\_\_\_\_

**Emergency Contact Information:**

1. Full Name: _____	Relationship: _____	Phone: _____	Home	Cell
2. Full Name: _____	Relationship: _____	Phone: _____	Home	Cell
3. Full Name: _____	Relationship: _____	Phone: _____	Home	Cell

**Enrollment Information**

Student is homeless or an unaccompanied Youth	Student IS a parent
Student resides in foster care	Student eligible for free/reduced lunch
Student has a 504 Plan (please share current plan)	Student has an IEP (Please share current IEP)
Program Status:    AHS            TASC            SPED	
Program Location: Home        BOCES        Other: _____	

Choice	Program Name	AM	PM	Either	Myers	SAEC	Either
1st							
2nd							
3rd							

Student Signature (if required by district) \_\_\_\_\_ Date \_\_\_\_\_  
 District Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

The Washington-Saratoga-Warren-Hamilton-Essex BOCES does not discriminate in its programs and activities, including employment and admission as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law. The BOCES Compliance Officers are: Turina Parker and Ronald Black, Washington-Saratoga-Warren-Hamilton-Essex BOCES, 1153 Burgoyne Avenue, Suite 2, Fort Edward, NY 12828, phone: (518) 746-3310, email: [tuparker@wsweboces.org](mailto:tuparker@wsweboces.org) or [rblack@wsweboces.org](mailto:rblack@wsweboces.org). Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005- 2500, phone (646) 428-3800, fax (646) 428-3843, [email:OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov)