

BOCES CTI Application
Spackenkill High School Directions
2021-2022

Please read these application directions before starting your application.

1. Download the BOCES CTI application from the [Students tab](#) or [Guidance tab](#) on the [high school website](#).
2. Complete the application by **typing** in all sections of the application on page 1 and page 2. On page 3 only type your name and your school counselor's name.
3. You **MUST** select **THREE (3)** choices for the programs you want to attend. Your application is incomplete without this.
4. The Student ID# is your Spackenkill Student ID number.
5. You and your parent/guardian must sign the application on page 2 by typing in your electronic signature and dating the application.
6. Return your completed application by emailing it to: highschoolguidance@sufsdny.org
7. Applications must be completed by returning students for the 2021-2022 school year.
8. Applications are accepted on a first come basis.

Other notes:

1. The Guidance Office will submit your application to the nurse.
2. Only the nurse should fill out the Home School Nurse Section.
3. Your school counselor will review your application with you.
4. Only TYPED applications will be accepted by BOCES CTI this year.

Career and Technical Institute
Board of Cooperative Educational Services
2021-2022 Application for Enrollment

Date Received at CTI: _____

****PLEASE PRINT CLEARLY****

PERSONAL INFORMATION

Student's Full, Legal Name: Last _____ First _____ MI _____

Student Home Address: Street _____

City _____ State _____ Zip Code _____

Mailing Address: (P.O. Box or Street) _____ City/State/Zip: _____

Home Phone Number: _____ Student Cell Phone Number: _____

Student Home e-mail Address: _____ Date of Birth: _____ Gender: Male Female

Parent or Guardian 1 _____ Parent or Guardian 2 _____

Does the Student Live with This Person: Yes No Does the Student Live with This Person: Yes No

Relationship to Student _____ Relationship to Student _____

Parent/Guardian e-mail _____ Parent/Guardian e-mail _____

Home() _____ Work() _____ Cell() _____ Home() _____ Work() _____ Cell() _____

Emergency Contact _____ Relationship to Student _____ Phone (Home/Work/Cell) _____

PROGRAM INFORMATION

School Year: 2021-2022 Grade Level for Indicated School Year: _____

District: _____ School: _____ Student ID#: _____

Resident District: _____ Sending School Counselor: _____

Student Grade 9 Entry Date: _____ Student's Expected Graduation Date: _____

Please indicate your 1st, 2nd, and 3rd choices using 1, 2, and 3.

- | | | |
|--|--|---------------------------------------|
| ___ Auto Mech & Tech Training I (PM) M | ___ Culinary Arts/Restaurant Mgt. I (PM) M | ___ Small Engine Technology I (PM) M |
| ___ Auto Mech & Tech Training II (AM) M | ___ Culinary Arts/Restaurant Mgt. II (AM) M | ___ Small Engine Technology II (AM) M |
| ___ Careers in Animal & Plant Sciences I (PM) M S | ___ Early Childhood Education I (PM) M | ___ TV/Film Production I (PM) |
| ___ Careers in Animal & Plant Sciences II (AM) M S | ___ Early Childhood Education II (AM) M | ___ TV/Film Production II (AM) |
| ___ Career Exploration Program (AM) | ___ Graphic Design I (PM) | ___ Trade Electricity I (PM) M S |
| ___ Computer Hardware Technology (PM) M | ___ Graphic Design II (AM) | ___ Trade Electricity II (AM) M S |
| ___ Computer Networking (AM) M | ___ Introduction to Health Occupations (PM) | ___ Welding I (PM) S |
| ___ Construction Trades I (PM) M | ___ Nursing Assistant (AM) S | ___ Welding II (AM) S |
| ___ Construction Trades II (AM) M | <i>(prospective students must have completed IHOC)</i> | |
| ___ Cosmetology I (PM) S | ___ Security and Law Enforcement I (PM) PE S | |
| ___ Cosmetology II (AM) S | ___ Security and Law Enforcement II (AM) | |

NOTE: 1st year students must take Level I (PM) classes.
(Unless otherwise approved by CTI Administration)

Academic Requests: MST - Math MST - Science

All programs, except Career Exploratory, include a ½ credit ELA per year. Other academics as indicated: M - Math, S - Science, PE - Phys. Ed

Counselor Remarks: _____

DEMOGRAPHIC and SPECIAL EDUCATION INFORMATION

Student's Current Diploma Track: Regents Local High School Equivalency CDOS Credential Skills & Achievement CC

English Language Learner (ELL): Yes No (If Yes, please attach NYSITELL or NYSESLAT Documentation)

Primary Language Spoken at Home: _____

Is Student a Migrant: Yes No Is Student Economically Disadvantaged: Yes No Is Student a Single Parent: Yes No

Is Parent a Displaced Homemaker: Yes No Is the Student of Hispanic Origin: Yes No

Student Ethnicity: American Indian or Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White

Student Place of Birth: City _____ State _____ Country _____

Does this Student have an IEP: Yes No Does this Student have a 504 Plan: Yes No Has this Student been Declassified: Yes No
(If Yes, supporting documentation must be shared via IEP Direct).

***Please Note: the Home School Nurse's Section on the next page (3 of 3) must be completed.**

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Counselor or District Representative Signature: _____ Date: _____

By typing your name you are signing this application for enrollment electronically. This is the equivalent of your manual signature.

THIS FORM MUST BE FILLED OUT COMPLETELY. The Enrollment Application cannot be processed if all requested information is not provided. *Please make sure the Home School Nurse's Section on the next page (3 of 3) is complete.*

Student Name: _____ Home School: _____ Counselor: _____

HOME SCHOOL NURSE SECTION (To be completed by nurse only.)

****PLEASE PRINT CLEARLY****

Is there any Condition that Requires Special Care: Yes No

List any Acute or Chronic Illnesses or Medical Conditions: _____

Allergies: _____

Medications: _____

Immunization Information: Complete this section noting the current status of the applicant under NYS PHL Article 21, Title VI, Sections 2164 & 2168 regarding the most current Immunization Requirements for School Entrance/Attendance.

Check Yes or No:

Immunizations Complete YES NO

Immunizations in Process YES NO

Medical Exempt YES NO

Religious Exempt YES NO

Date of Last Tetanus Injection: _____

Home School Nurse Signature: _____ Date: _____

By typing your name above you are signing this application electronically.