

BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
SOLE SUPERVISORY DISTRICT  
FRANKLIN-ESSEX-HAMILTON COUNTIES

COMPLETED FORMS MUST BE SENT  
VIA EMAIL BY AUTHORIZED DISTRICT  
PERSONNEL ONLY TO  
MARY DICKERSON AT THE  
NORTH FRANKLIN EDUCATIONAL  
CENTER OR RICK SWANSTON AT THE  
ADIRONDACK EDUCATIONAL CENTER  
INCOMPLETE REGISTRATION FORMS  
WILL BE RETURNED.

PLEASE **CLICK** IN EACH BOX  
TO ENTER INFORMATION.

**Alternative Education Programs  
Student Information and Registration Form**

To be completed by Component School District or Other Agency for each student

Please check one by typing an "X" in the appropriate box. Students General Education ID#

New:  Change in Service:  Component School District

Enroll for  School Year Grade in Enrollment Year:  Date entered 9<sup>th</sup> grade

Student Name:     
*Last Name First Name MI.*

Date of Birth:  Male:  Female:

Parent/Guardian Name:     
*Last Name First Name MI.*

Home Address:      
*PO Box/Street City State Zip Code*

Area Code and Phone Number

Home Phone:  Work Phone:

Emergency Contact (other than Parent/Guardian):  Phone:

Identify any medications and/or Health Problems below:

Please indicate program selection(s):

Alternative Education Programs:

- Alternative Education (Grades 7-12) – NFEC
- Prevocational Alternative Student System (PASS) - AEC
- Test Assessing Secondary Completion (TASC) – NFEC – PM Only

Please complete the following questions. Use the latest testing information to indicate grade equivalents:

Test Used	<input type="text"/>	Word Recognition	<input type="text"/>
Reading Comprehension	<input type="text"/>	Math application	<input type="text"/>
Math Computation	<input type="text"/>		

Has this student ever been retained?  No  Yes (*indicate grade(s) below*)

<input type="checkbox"/>	K <sup>nd</sup>	<input type="checkbox"/>	1 <sup>st</sup>	<input type="checkbox"/>	2 <sup>nd</sup>	<input type="checkbox"/>	3 <sup>rd</sup>	<input type="checkbox"/>	4 <sup>th</sup>	<input type="checkbox"/>	5 <sup>th</sup>	<input type="checkbox"/>	6 <sup>th</sup>	<input type="checkbox"/>	7 <sup>th</sup>	<input type="checkbox"/>	8 <sup>th</sup>	<input type="checkbox"/>	9 <sup>th</sup>	<input type="checkbox"/>	10 <sup>th</sup>	<input type="checkbox"/>	11 <sup>th</sup>	<input type="checkbox"/>	12 <sup>th</sup>
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**Ethnic Group:**

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Black ( <i>not of Hispanic origin</i> )	<input type="checkbox"/>	White
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Other ( <i>please identify</i> )				

Siblings attending AEC/NFEC: Names(s)

Other:  Home Schooled  Non-Public

Has this student ever been recommended or identified by CSE or 504? No:  Yes:

Does this student have an IEP? No:  Yes\*:  Disabling Condition:   
 \*Please attach a copy.

Does this student have a 504 plan? No:  Yes:

Is this student disadvantaged? No:  Yes:  (specify below)  
 Academically  Economically  Academically & Economically

Is this student classified as an English Language Learner? No:  Yes:

**Agencies Involved:**

**Contact Person**

<input type="checkbox"/>	Department of Social Services	<input type="text"/>
<input type="checkbox"/>	North Star Community Support Services	<input type="text"/>
<input type="checkbox"/>	North Star Behavioral Health Services	<input type="text"/>
<input type="checkbox"/>	Probation Department	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>

Submitted by:   Date:   
 Name Title