

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

COMPLETED FORMS MUST BE SENT TO  
MARY DICKERSON AT THE  
NORTH FRANKLIN EDUCATIONAL CENTER  
OR RICK SWANSTON AT THE  
ADIRONDACK EDUCATIONAL CENTER  
P.O. BOX 28, 23 HUSKIE LANE  
MALONE, NY 12953  
INCOMPLETE REGISTRATION FORMS WILL  
BE RETURNED.

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

**Career and Technical Education Programs**  
**Adult Information and Registration Form**

To be completed by adult or sponsoring agency accompanied by initial tuition payment

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

New:  Change in Service:  Sponsoring Agency:

Enroll for  School Year  A.M. Session  P.M. Session  Full Day Sessions

Name:     
*Last Name First Name MI*

Date of Birth:  Gender:  Male  Female

Home Address:      
*Number/Street/Road City/Town State Zip Code*

Area Code and Phone Number

Home Phone:  Work Phone:

Emergency Contact:     
*Name Area Code and Number*

Identify any medications and/or Health Problems below:

Please indicate program selection(s):

Career and Technical Education Programs:

- Auto Technology – AEC/NFEC
- Building Trades – AEC/NFEC
- Cosmetology – AEC/NFEC
- Culinary Arts – AEC/NFEC
- Early Childhood Education – NFEC
- Electrical Trades – NFEC
- Heating, Ventilation and Air Conditioning – SRCS

- Health Occupations – AEC/NFEC
- Heavy Equipment Repair & Operation – NFEC
- Natural Resource Conservation – AEC
- 21<sup>st</sup> Century Agricultural Science – Salmon River
- New Vision: Government and Law – NFEC
- New Vision: Health Careers – AEC/NFEC
- Other

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="text"/> Other ( <i>please identify</i> )		

Is this adult student economically disadvantaged? No:  Yes:  specify:

Agencies Involved:

- Department of Social Services
- North Star Behavioral Health Services
- Probation Department
- Other

Contact Person

**Payment Method:**

Tuition will paid directly to the BOCES by:  Adult (Self)  Agency specify:

Checks payable to: Franklin-Essex-Hamilton BOCES

**Agreement:**

As an adult student eligible to participate in the BOCES Career and Technical Education program, I agree to the following terms and conditions:

1. I understand that I have been allowed to begin the program in order to ensure continuity of programming and participation in the safety training. Continued participation is dependent upon the availability of space as determined by the BOCES.
2. I have read and agree to adhere to all BOCES Policies and Procedures, including, but not limited to, Policy Regarding Tuition Rate for Adults in All Career and Technical Education Programs, the BOCES Code of Conduct, Safety Procedures, and academic expectations.
3. I am responsible for tuition payment directly to the Franklin-Essex-Hamilton BOCES as follows:
  - i. Tuition Pay: \$ \_\_\_\_\_, due by \_\_\_\_\_ (date).
  - ii. Tuition Pay: \$ \_\_\_\_\_, due by \_\_\_\_\_ (date).
  - iii. Tuition Pay: \$ \_\_\_\_\_, due by \_\_\_\_\_ (date).
  - iv. Tuition Pay: \$ \_\_\_\_\_, due by \_\_\_\_\_ (date).
4. I have reviewed with the school principal and agree to all expectations of students in the classroom. I understand that my participation in this program will be terminated if I do not meet these terms or remunerate the BOCES as agreed.

Adult Student  
Signature:

*Signature*

Date:

Sponsoring  
Agency Signature:

*Signature*

Date: