

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

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

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.

**Career and Technical 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 9th grade

Student Name:
Last Name First Name MI.

Date of Birth: Gender: Male Female

Parent/Guardian Name:
Last Name First Name MI.

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

Area Code and Phone Number

Home Phone: Work Phone:

Emergency Contact (other than Parent/Guardian):
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
- Metalworking Technology/Welding
- Natural Resource Conservation – AEC
- 21st Century Agricultural Science – Salmon River
- New Vision: Government and Law – NFEC
- New Vision: Health Careers – AEC/NFEC
- New Vision: Coding and Gaming – AEC/NFEC
- Other

Please list school-based coursework or activities that provides background or experience for successful completion in CTE.

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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>)				

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:

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

Contact Person

Submitted by: Name Title Date: