

COMPLETED FORMS MUST BE SENT
VIA EMAIL BY AUTHORIZED DISTRICT
PERSONNEL ONLY TO
DENISE LUKA AT
ldluka@mail.fehb.org
INCOMPLETE REGISTRATION FORMS
WILL BE RETURNED.

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

FEH BOCES Itinerant 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): Phone:
Name Area Code and Number

Identify any medications and/or Health Problems below:

Please indicate program selection(s):

Itinerant Programs:

- Art
- French
- Health
- Home and Careers
- Music
- Physical Education
- Technology (Industrial Arts)

Other:

Ethnic Group:

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

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:

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

Contact Person

Submitted by: Date:
Name Title