HFM BOCES Career and Technical Center
2755 State Highway 67, Johnstown, N.Y. 12095 518-736-4681 Fax: 518-736-4331

GLOVERSVILLE HIGH SCHOOL STUDENT PROGRAM ENROLLMENT
2010-2011 SCHOOL YEAR

STUDENT PROFILE INFORMATION **(To be completed by home school counselor/administrator)**
All information is considered confidential - please fill in completely

Student's Name: _____ Address: _____
(Street) (City) (NY) (Zip)
Resident District (if different): _____ Phone #: _____ Birth Date: _____

Please circle each response:

The student's current diploma track is: Advanced Regents Regents Local IEP

Please list the courses that the student is taking that are below grade level: _____

_____

Anticipated date of graduation? _____

Is the student's program supervised by the CSE? Yes* No * **If yes, please attach IEP.**

Student's Classification: _____

Does the student have special needs due to his/her behavior? Yes No * **If yes, please list below.**

Has a 504 Accommodation Plan been developed for this student? Yes No * **If yes, please attach 504.**

Is the student a single parent? Yes No

Does the student have excessive absences: Yes No

Where will the student spend the other half of his/her school day at? Your School Alt. Ed. Other_____
(circle one)

Please provide any additional academic, emotional/behavioral, family, legal, medical, and/or social information which may affect this student's placement:_____

_____

_____

Services Request
Recommended career program for this student: _____ for 1st or 2nd yr.
(circle one)

Does the student require Academic Intervention Services / Academic Course Credit? Yes No

Academic Pull-Outs or Integrated Credit Requested: _____

Does student already have "seat time" for this academic program? Yes No

Please specify if the student must pass a Regents Exam in this course? Yes No

Please Note: Any student entering the CTC Center after 9/08 start date must have an ADD/DROP/CHANGE form accompany this form.

_____ _____
Date ******* **Signature of Counselor/Administrator*******

For HFM BOCES CTC use only.
Date Received: _____
Program Placement: _____ am pm