

**HFM BOCES Career and Technical Center**

2755 State Highway 67, Johnstown, N.Y. 12095

518-736-4681 Fax: 518-736-4331

**WELLS 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 1<sup>st</sup> or 2<sup>nd</sup> 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