

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
2011-2012 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