DEPARTMENT OF
REGIONAL SCHOOLS AND INSTRUCTIONAL PROGRAMS

PROGRAM ADD/CHANGE FORM

School Year _____

Date Submitted: _____

Program: ☐ **BARRY TECH** ☐ **GCTECH** ☐ **LIHSA**

Fax: 516-622-6868 **Fax: 516-604-4202**

Email: mstencel@nasboces.org
Email: kbaloun@nasboces.org

Student's Last Name:	**Student's First Name:**	**M.I.:**	**Present Grade & Program at BT:**
District:	**High School**	**District Counselor:**	

☐ ☐ ☐

From Current Program:	**End Date:**	**To New Program:**	**Start Date:**	

None ☐	☐ Physical Education (1/2 Credit)

Change Approved:	
By affixing your signature below, parent authorization has been confirmed for this request. Home School Counselor's Signature: _____ Date: _____ Tel #: _____	RSIP Counselor's Signature _____ Date: _____

FOR NASSAU BOCES OFFICE USE ONLY

Principal/Asst. Principal Signature: _____ Date: _____

Date Change Made: Registrar's Initial: _____

Non-discrimination