s s a u DEPARTMENT OF REGIONAL SCHOOLS AND INSTRUCTIONAL PROGRA

INFORMATION REQUIRED FOR REGIONAL SCHOOL ONLINE APPLICA

Student Information

SCHOOL YEAR ______

" - - ' * & - % 4 " 3 & 3 & 2 6 * 3 & % 5 0 3 & 7 * & 8 5) & " 1 1 - * $

Student District ID @

Name ______ Address ______

Date of Birth ______ Unit# ______

Gender ______ City ______ State ______

Ethnicity ______ ZIP Code ______

Race ______ Home Phone ______

. D , J O O F Z 7 F O U P 4 U B U V P : F T

Cell Phone ______

Email ______

Guardian Information

CONTACT 1 ☐ Primary Guardian ☐ Parent Portal Access ☐ Receives Mail ☐ Emergency Contact

Name ______ Address ______

Relationship to Student ______ Unit # ______

Home Phone ______ City ______ State ______

Cell Phone ______ ZIP Code ______

Email ______

School Information

Attending District ______ Disabled or IEP ______

Sending District ______ 504 Plan ______

Attending School ______ Declassi ed ______

Grade Level as of next school year: ______ ESL Level ______

Counselor ______ Free or Reduced Lunch ______

Counselor Phone ______ Attends BOCES school? ______

If yes, please indicate name of school ______

Verify with check mark √ that copies of all these items listed below are uploaded in order to complete application.

Attendance Records Health & Immunization Records Current Report Card Transcript Psychological Report

IEP (1 copy) 504 Accommodation Declassi cation Discipline History 1 & 3 & 2 6 & 4 5 : & 4 / 0

Program Preference * O % J T U S J D U

Primary Choice ______

Secondary Choice ______

Academic Pull-out Preference: P.E. (1/2 Credit) - Please complete a Course Change/Add Form for P.E. Pullout.
Form can be found on barrytech.org website under District Guidance Counselor > Forms and Publications.

*Authorized Signatures

HS Nurse Name ______ HS Nurse Signature ______

HS Counselor's Name and Telephone # ______ HS Counselor's Signature ______

School Of cial Name ______ School Of cial Signature ______

Parent/Guardian Name ______ Parent/Guardian Signature ______