



# Intake Application

Program Requested:

Course: 1 \_\_\_\_\_ Alternate: 2 \_\_\_\_\_ Alternate: 3 \_\_\_\_\_

The Academy Official Use Only

Please print clearly (one letter per box).

|  |  |  |  |  |          |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                |  |  |     |  |  |  |  |  |  |
|--|--|--|--|--|----------|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|----------------|--|--|-----|--|--|--|--|--|--|
| Student's Last Name                              |  |  |  |  |          |  |  |  |  | Student's First Name                               |  |            |  |  |  |  |  |  |  | Middle Initial |  |  | Sex |  |  |  |  |  |  |
|  |  |  |  |  |          |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                |  |  | M/F |  |  |  |  |  |  |
| Street Address                                   |  |  |  |  |          |  |  |  |  |  |  |            |  |  |  |  |  |  |  | Town           |  |  |     |  |  |  |  |  |  |
|  |  |  |  |  |          |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                |  |  |     |  |  |  |  |  |  |
| Zip Code   |  |  |  |  | Apt. No. |  |  |  |  | P.O. Box   |  |            |  |  | Ethnicity (check all that apply)   |  |  |  |  |                |  |  |     |  |  |  |  |  |  |
|  |  |  |  |  |          |  |  |  |  |  |  |            |  |  | <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi Racial<br><input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other |  |  |  |  |                |  |  |     |  |  |  |  |  |  |
| Student's Date of Birth                          |  |  |  |  |          |  |  |  |  | Student's Cell Number                              |  |            |  |  |  |  |  |  |  |                |  |  |     |  |  |  |  |  |  |
| Month    Day    Year<br>_____                    |  |  |  |  |          |  |  |  |  | Area Code    -    _____ -    _____<br>_____        |  |            |  |  |  |  |  |  |  |                |  |  |     |  |  |  |  |  |  |
| Parent's/Person in Parental Relation Last Name   |  |  |  |  |          |  |  |  |  | First Initial                                      |  | Mr. or Ms. |  | Emergency Telephone Number                             |  |  |  |  |  |                |  |  |     |  |  |  |  |  |  |
|  |  |  |  |  |          |  |  |  |  |  |  |            |  | Area Code    -    _____ -    _____ x    _____<br>_____ |  |  |  |  |  |                |  |  |     |  |  |  |  |  |  |
| Parent's/Person in Parental Relation Cell Number |  |  |  |  |          |  |  |  |  | Parent's/Person in Parental Relation Email Address |  |            |  |  |  |  |  |  |  |                |  |  |     |  |  |  |  |  |  |
| Area Code    -    _____ -    _____               |  |  |  |  |          |  |  |  |  | _____<br>_____                                     |  |            |  |  |  |  |  |  |  |                |  |  |     |  |  |  |  |  |  |

I approve of my son's/daughter's participation in The Academy activities. I understand that all student records will be reviewed as per The Academy's admission process. By signing this application, I grant The Academy access to all pertinent information regarding my child, including, but not limited to, recent transcript, attendance and discipline records. I understand that this application does not guarantee acceptance into the program. Further information on the admission process can be obtained from your child's home district guidance office and our website [www.academyli.org](http://www.academyli.org).

Signature of Student

/ /20  
Date

Signature of Parent/Person in Parental Relation

/ /20  
Date

## HEALTH STATUS

Medical Hx ☐ No ☐ Yes If "yes," please specify \_\_\_\_\_  
 Immunizations ☐ UTD  
☐ Other If "other," please specify \_\_\_\_\_

Signature of Registered Nurse

/ /20  
Date

## TO BE COMPLETED BY COUNSELOR ATTACH A COPY OF STUDENT'S TRANSCRIPT

Current Grade \_\_\_\_\_

Session Requested ☐ AM ☐ PM

Pursuant to New York State Regulations, please complete the following:

\*Is the student CSE classified? ☐ Yes ☐ No

\*CSE Classification \_\_\_\_\_

504 Plan: ☐ Yes ☐ No

Testing Modifications ☐ Yes ☐ No

District Student ID No. \_\_\_\_\_

Is the student eligible for free or reduced price lunch? ☐ Free ☐ Reduced Price

☐ Bilingual Services - Specify Language \_\_\_\_\_

NYSESLAT Scores: Entering ☐ Emerging ☐

Transitioning ☐ Expanding ☐ Commanding ☐

Proficiency Level: \_\_\_\_\_

IF CSE CLASSIFIED, PLEASE ATTACH IEP, PSYCHOLOGICAL REPORT, AND VOCATIONAL ASSESSMENT

By signing this application, the District grants access to the above-mentioned student's IEP electronically, via The Academy's Student Management System.

TUITION DISTRICT \_\_\_\_\_

HOME SCHOOL DISTRICT \_\_\_\_\_

Signature of Counselor

/ /20  
Date

Signature of District Superintendent or Designee

/ /20  
Date

PLEASE RETURN COMPLETED FORM TO THE EASTERN LONG ISLAND ACADEMY OF APPLIED TECHNOLOGY ADMISSIONS OFFICE:

750 Waverly Avenue, HOLTSVILLE, NY 11742

Telephone Number 631-419-1629 Facsimile Number 631-240-8974

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# SACHEM BOCES PROGRAM ENROLLMENT AGREEMENT

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_ ID# \_\_\_\_\_  
Counselor Name: \_\_\_\_\_ High School (Circle One): East North  
BOCES Program Name: \_\_\_\_\_ Session (Circle One): AM PM

Enrollment in a subscribed BOCES Program is contingent on several requirements.

- Attendance- students who are absent from school on 15 or more days in the current school year will NOT be allowed to attend BOCES for the upcoming school year.
- Academics- students must be in good academic standing, progressing towards graduation and not in danger of not graduating on time if enrolled in a BOCES program.
- Discipline/ Behavior- will be reviewed by both Sachem and the Eastern Academy of Applied Technology (BOCES).
- Being enrolled in a BOCES program is a privilege and students are expected to attend the program and follow the safety precautions set by the instructor. It is very important that students signing up for a BOCES program are aware that they are committing to the program for the full academic year. BOCES drops will NOT be considered after the BOCES Lock-In Date which occurs in late October.

I approve of my son's/daughter's participation in the above BOCES program. I understand that all student records will be reviewed as per the admission process. By signing this application, I grant Sachem access to all pertinent information regarding my child, including, but not limited to, recent transcript, attendance, and discipline records. I understand that this application does not guarantee acceptance into the program.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_