



Intake Application

Program Requested:

Course: 1 _____ Alternate: 2 _____ Alternate: 3 _____
 Career and Technical Education Returning Student

The Academy Official Use Only		

Please print clearly (one letter per box).

Student's Last Name										Student's First Name										Middle Initial			Sex						
Street Address															Town														
Zip Code					Apt. No.					P.O. Box					Ethnicity														
															<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi Racial <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 Social Security Number										Area Code					Student's Cell Number									
Month Day Year																													
Parent's/Person in Parental Relation Last Name															First Initial					Mr. or Ms.					Has your child attended a Summer Career Exploration Program?				
																									<input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent's/Person in Parental Relation Cell Number										Area Code										Emergency Telephone Number									
Parent's/Person in Parental Relation Email Address																													

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. Further information on the admission process can be obtained from your child's home district guidance office.

	/	/20		/	/20
Signature of Student		Date	Signature of Parent/Person in Parental Relation		Date

HEALTH STATUS	
Medical Hx <input type="checkbox"/> No <input type="checkbox"/> Yes	If "yes," please specify _____
Immunizations <input type="checkbox"/> UTD	
<input type="checkbox"/> Other	If "other," please specify _____
	/ /20
Signature of Registered Nurse	Date

TO BE COMPLETED BY COUNSELOR	
ATTACH A COPY OF STUDENT'S TRANSCRIPT	
Current Grade <input type="checkbox"/> <input type="checkbox"/>	Session Requested <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Health Pullout	<input type="checkbox"/> Bilingual Services
	Specify Language _____
Pursuant to New York State Regulations, please complete the following: *Is the student CSE classified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*CSE Classification _____	Is the student eligible for free or reduced price lunch? <input type="checkbox"/> Free <input type="checkbox"/> Reduced Price
Testing Modifications <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student an English as a New Language Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No
District Student ID No. _____	
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.	
Signature of Counselor	Signature of District Superintendent or Designee
/ /20	/ /20
Date	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

Eastern Long Island Academy of Applied Technology, a program of Eastern Suffolk BOCES, does not discriminate against any employee, student, applicant for employment, or candidate for enrollment on the basis of sex, gender, gender expression or identity, transgender status, race, color, religion or creed, age, weight, national origin, marital status, disability, sexual orientation, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification protected by Federal, State, or local law. ESBOCES also provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the implementation of applicable laws should be directed to either of the ESBOCES Civil Rights Compliance Officers at ComplianceOfficers@esboces.org: the Assistant Superintendent for Human Resources, 631-687-3029, or the Associate Superintendent for Educational Services, 631-687-3056, 201 Sunrise Highway, Patchogue, NY 11772. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005, 646-428-3800, OCR.NewYork@ed.gov.