

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				Emergency Telephone Number								
Area Code		Area Code		Area Code		Extension						
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.

_____ Signature of Student	_____ Date	_____ Signature of Parent/Person in Parental Relation	_____ Date
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HEALTH STATUS

Medical Hx No Yes If "yes," please specify _____
 Immunizations UTD If "other," please specify _____
 Other

Date

Signature of Registered Nurse

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

Current Grade _____ Session Requested AM PM NYSESLAT Scores: Scale _____ Listening _____
 Health Pullout Bilingual Services Reading _____ Writing _____ Speaking _____
 Specify Language _____

Pursuant to New York State Regulations, please complete the following: *Is the student CSE classified? Yes No

*CSE Classification _____ Is the student eligible for free or reduced price lunch? Free Reduced Price
 Testing Modifications Yes No Is the student an English as a New Language Learner? Yes No
 District Student ID No. _____ 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	_____ Signature of District Superintendent or Designee
_____ 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**

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