EASTERN LONG ISLAND ACADEMY OF APPLIED TECHNOLOGY

Intake Application

Program Requested:
Course: 1 _____ Alternate: 2 _____ Alternate: 3 _____

☐ Career & Technical Education ☐ STEM High School ☐ Returning Student

The Academy Official Use Only

Center

Please print clearly (one letter per box).

Student's Last Name | First Name | Middle Initial | Sex M/F

Street Address | Town

Zip Code | Apt. No. | P.O. Box

Ethnicity
☐ African American ☐ American Indian/Alaska Native ☐ Asian ☐ Multi Racial
☐ Caucasian ☐ Hispanic/Latino ☐ Hawaiian/Pacific Islander ☐ Other

Student's Date of Birth (Month / Day / Year)

Student's Social Security Number

Student's Home Telephone Number (Area Code)

Parent's/Guardian's Last Name | First Initial | Mr. or Ms.

Has your child attended a Summer Career Exploration Program? ☐ Yes ☐ No

Parent's/Guardian's Work Telephone Number (Area Code / Extension)

Emergency Telephone Number (Area Code / Extension)

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 on 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/Guardian / Date

HEALTH STATUS

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

Signature of Registered Nurse / Date

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

Current Grade ☐☐ Session Requested ☐ AM ☐ PM
☐ Health Pullout ☐ Bilingual Services
Specify Language _____

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

*CSE Classification _____ Is 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. _____

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 / Date / Signature of District Superintendent or Designee / Date

PLEASE RETURN COMPLETED FORM TO 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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