



**Intake Application**

Eastern Long Island  
Academy of Applied Technology  
Intake Office  
375 Locust Avenue  
Oakdale, NY 11769

Program Requested:

Course: 1 \_\_\_\_\_ Alternate: 2 \_\_\_\_\_ Alternate: 3 \_\_\_\_\_  
 Career & Technical Education  STEM High School

**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 \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_ Student's Home Telephone Number \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Area Code \_\_\_\_\_  
Parent's/Guardian's Last Name \_\_\_\_\_ First Initial \_\_\_\_\_ Mr. or Ms. \_\_\_\_\_  
Parent's/Guardian's Work Telephone Number \_\_\_\_\_ Area Code \_\_\_\_\_ Extension \_\_\_\_\_  
Area Code \_\_\_\_\_ Extension \_\_\_\_\_  
Has your child attended a Summer Career Exploration Program?  Yes  No  
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 \_\_\_\_\_ / /20 \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ / /20 \_\_\_\_\_  
Date Date Date Date

**HEALTH STATUS**  
Medical Hx  No  Yes If "yes," please specify \_\_\_\_\_  
Immunizations  UTD  Other If "other," please specify \_\_\_\_\_  
Signature of Registered Nurse \_\_\_\_\_ / /20 \_\_\_\_\_  
Date 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 \_\_\_\_\_ / /20 \_\_\_\_\_ Signature of District Superintendent or Designee \_\_\_\_\_ / /20 \_\_\_\_\_  
Date Date Date Date

PLEASE RETURN COMPLETED FORM TO EASTERN LONG ISLAND ACADEMY OF APPLIED TECHNOLOGY ADMISSIONS OFFICE:  
15 ANDREA ROAD, HOLBROOK, NY 11741  
Telephone Number 631-419-1629 Facsimile Number 631-244-4047

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