

Early College Career Academy: *An Early College High School Program* APPLICATION INSTRUCTIONS - 2nd YEAR STUDENTS

You may either print and fill this application out by hand, or download it and fill it in on your computer.

To fill it out on your computer:

1. Begin by saving a copy of this application to your computer. We suggest using your last name as part of the file name to differentiate your application from the blank template. Be sure to save the file in a location (folder) on your computer that will be easy to find.
2. **Close your web browser prior to filling in the application.**
3. Open the saved file to begin completing the application. It is recommended that you enter your school and name, save the document and reopen it to ensure that the version of the program you are using is functioning correctly.
4. Complete the application by typing your information in the fields. Certain areas of the form contain check boxes or buttons; simply click your mouse in the box/button you wish to choose. Remember to SAVE often.
5. When your application is complete, you may either:
Print and sign it where indicated, and give it to your high school counselor.
OR
Email it to your high school counselor.

Student Instructions:

Student's need to fill out the following sections of the application:

- PART 1
- PART 2A

Once you have completed the application, sign your application and give it to your high school counselor by **FEBRUARY 1**.

Counselor Instructions:

Counselors need to fill out the following section of the application:

- PART 2B

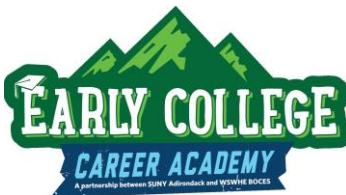
Once you have completed your portion of the application, attach any supporting materials required (e.g., IEP), sign it and, if required, obtain the signature of any other district representative.

The completed application, which consists of:

- Page 1 filled out and signed by the student.
- Page 2 filled out and signed by student's counselor WITH any supporting materials that are required (e.g., IEP).
- Signature of the school Principal or District Representative is required on Page 2.

Send by **MARCH 1** directly to:

Rebecca Carnevall
WSWHE BOCES
27 Gick Road, Saratoga Springs, NY 12866
OR
scan and email to: rcarnevalla@wswebooces.org



Early College Career Academy: An Early College High School Program
APPLICATION FOR ENROLLMENT - 2nd YEAR STUDENTS

PART I: To be completed by the student applicant.

Home District			
Last Name	First Name	M.I.	Parent/Guardian Name
Birth date – mm/dd/yyyy	Cell Phone # - (xxx) xxx-xxxx	Home Phone # - (xxx) xxx-xxxx	
		New York	
Street Address	City/Town/Village	Zip code	
Grade Level for Next Year			
Expected High School Completion Date			
Student e-mail address			
Parent e-mail address	Emergency Phone # - (xxx) xxx-xxxx	Name & Relationship of Person (Parent/Sibling)	
	Cell / Work Phone # - (xxx) xxx-xxxx	Name & Relationship of Person (Parent/Sibling)	
	Cell / Work Phone # - (xxx) xxx-xxxx	Name & Relationship of Person (Parent/Sibling)	

PROGRAM CURRENTLY ENROLLED IN (Select one):

<input type="radio"/> Advanced Manufacturing	<input type="radio"/> IT Computer Networking
<input type="radio"/> Business Entrepreneurship	<input type="radio"/> New Media

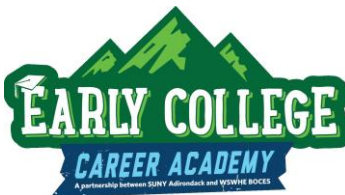
WILL YOU BE ENROLLING IN YEAR 2? Yes No

I understand the requirements for attending the Early College Career Academy, and/or I have begun the process that is required to be completed if I have chosen not to continue in the program.

Student Signature _____

Date: _____

The Washington-Saratoga-Warren-Hamilton-Essex BOCES does not discriminate in its programs and activities, including employment and admission as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law. The BOCES Compliance Officers are: Turina Parker and Ronald Black, Washington-Saratoga-Warren-Hamilton-Essex BOCES, 1153 Burgoyne Avenue, Suite 2, Fort Edward, NY 12828, phone: 518-746-3310, email: tuparker@wswhiboces.org or rblack@wswhiboces.org. Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone (646) 428-3800, fax (646) 428-3843, email: OCR.NewYork@ed.gov



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APPLICATION FOR ENROLLMENT - 2nd YEAR STUDENTS**

PART 2A: To be completed by the student applicant.

Applicant's Name

PART 2B: ALL sections to be completed by the student's counselor.

<input style="width: 95%; height: 25px;" type="text"/> Counselor's Name	<input style="width: 95%; height: 25px;" type="text"/> Counselor's E-mail
<input style="width: 240px; height: 25px;" type="text"/> Counselor's Phone # - (xxx) xxx -xxx	
<input style="width: 400px; height: 25px;" type="text"/> Administrator's Name	<input style="width: 400px; height: 25px;" type="text"/> Administrator's E-mail
<input style="width: 285px; height: 25px;" type="text"/> Attendance: # of days student was absent in previous school year	

Is this applicant on track to graduate with their cohort? Yes No

<input style="width: 400px; height: 25px;" type="text"/> What type of diploma is the applicant pursuing?	<input style="width: 265px; height: 25px;" type="text"/> What is the applicant's current GPA
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Does the student have an IEP? Yes* No If Yes, Indicate Classification LD ED SI OHI Other

Does the student have a 504? Yes* No If this student is Declassified, are test accommodations Yes No required?

***Please provide a copy with this application. If Yes, please open access. If No, current IEP must accompany this form.**

Is this student eligible for free or reduced lunch? Yes No McKinney-Vento Eligible Foster Care

Is this student a single parent? Yes No

Counselor's Signature _____ Date: _____

Principal/District Representative's Signature _____ Date: _____

SUNY Adirondack Approval/College Official _____ Date: _____