



Southern Adirondack PTECH

1st YEAR STUDENT APPLICATION

Students must register in 8th grade. PTECH will lead to a NYS Regents diploma and an approved AAS Degree from SUNY Adirondack at **no cost to students and families**. PTECH students will need to attend an information session, complete 25.0 hours of Bridge Activities and attend a week-long Summer STEM Camp following both 8th and 9th grades. Transportation for these activities are provided by WSWHE BOCES from home high school to activity and back. Parents must transport student to and from their home high school.

Student / Parent Instructions:

Student / Parent completes PART 1 and PART 3 of the application.

We suggest you keep a copy of this form for your records.

Return completed signed application along with your essay to your High School Counselor by **APRIL 15**.

QUESTIONS: Contact us at 518-581-3757

IMPORTANT DATES TO REMEMBER:

- **April 15 - Registration deadline** to submit application to your home school counselor AND register for a STEM Summer Camp located at the SUNY Adirondack Queensbury Campus. Original Certificate of Residency form must be sent to SUNY Adirondack College (see page 3 for required deadline and details).
- Attend any Information Sessions scheduled at your home school (check with your school counselor).
- **April 30 - Deadline** for School Counselors to submit enrollment packet to:

Linda Ernst
WSWHE BOCES PTECH
267 Ballard Road, Suite 5
Wilton NY 12831

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 officer(s) 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 Civil Rights Compliance Officer is: Turina Parker, Washington-Saratoga-Warren-Hamilton-Essex BOCES, 267 Ballard Road, Suite 5, Wilton, NY 12831. phone: (518) 581-3716, email: tuparker@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.

PART 1: This section to be completed by the Student / Parent applicant.

Home School District:

Last Name First Name M.I. Parent/Guardian Name

M F

Birth date - mm/dd/yyyy Gender Social Security # Student Phone # - (xxx) xxx-xxxx

New York

Street Address City/Town/Village Zip Code

Grade Level for Next Year

Expected High School Completion Date Cell / Work Phone # - (xxx) xxx-xxxx Name & Relationship of Person (Parent/Guardian)

Student e-mail address Cell / Work Phone # - (xxx) xxx-xxxx Name & Relationship of Person (Parent/Guardian)

Parent e-mail address Emergency Phone # - (xxx) xxx-xxxx Emergency Person's Name & Relationship to student

Please Place an "X" to all that apply

American Indian or Alaskan Native		Hispanic / Latino		Foster Care Youth	
Asian		Native American		Homeless Youth	
Black / African American		Native Hawaiian or Pacific Islander		US Citizen	
Caucasian / White					

Please answer each statement below by checking the Yes or No box:

Yes	No	
		My child has permission to participate in Bridge Activities and will follow the WSWHE BOCES Code of Conduct.
		WSWHE BOCES can photograph my child for publications and media.
		My child has permission to use the Internet. I have signed their home school Internet usage form.
		I have custody of my child and there are no custodial issues. (If there ARE issues relevant to the safety of your child, please provide details in the space below.)
		List your child's medical concerns, allergies, etc. for program coordinator and teacher.
		NOTES:

Summer Camp:

SUMMER CAMP SELECTION (select one week):

July 12 to 16, 2021

August 16 to 20, 2021

Your Selection above will be your confirmed week.

Approximately 2-3 weeks prior to the start of summer camp, parents and/or guardians will receive an email with further details.

Summer Camp is held at the SUNY Adirondack Queensbury Campus from 8:30 am to 3:30 pm. Transportation will be provided to and from the college campus from the students' home district high school by WSWHE BOCES. Parents must transport the student to and from their high school.

Student Personal Statement Essay:

IF you could change one thing in your life, what would it be? Why? 200 word limit.
Attach a separate sheet to this application if needed.

Continue to the next page...

PART 2: This section to be completed by Student's Counselor.

Applicant's Name

Counselor's Name

Counselor's E-mail

Counselor's Phone # - (xxx) xxx-xxxx

Student NYSSIS ID# _____

Administrator's Name

Administrator's E-mail

How long have you known the applicant?

Attendance: # of days student was absent in previous school year

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

What is the applicant's current GPA?

Attach student transcript to this application.

What type of diploma is the applicant pursuing?

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

Please place an "X" to all that apply		Please place an "X" to all that apply	
Attendance Issue and/or Truancy		Familial Lack of Academic Achievement	
Economically Disadvantaged		Individual with a Disability	
English Language Learner		Unsatisfactory Academic Achievement	

Part 3: This section to be completed by the Student/Parent applicant & All Sign:

Applicant's Name

A Certificate of Residency (COR) is good for one calendar year and must be obtained annually. A COR may be obtained no more than 60 days prior to the start of summer camp and up to 21 days after the start of summer camp. Please use the appropriate link below to download the county specific form.

Warren and Washington County residents can complete the form that is available online, sign the form in the presence of a notary Public (Notaries are available in Student Accounts) and submit the notarized form to Student Accounts.

<https://www.sunyacc.edu/sites/default/files/residency-form-10-2011.pdf>

Saratoga County residents can complete the application that is available online and submit this application to the Saratoga County Treasurer's office to obtain the actual Certificate of Residence (a gray 8 ½-by-11 inch form). This actual Certificate of Residence must then be submitted to Student Accounts.

<https://www.saratogacountyny.gov/wp/wp-content/uploads/2017/07/Certificate-of-Residency.pdf>

Please Note: If you have been a resident of more than 1 county during the 6 months preceding registration, you must file a Certificate of Residence from each county indicating the number of months in each county.

Original COR (no copies accepted) are to be notarized and sent via US Postal Service or hand delivered to:

**SUNY Adirondack College
Student Accounts, Business Office
640 Bay Road
Queensbury NY 12804**

STUDENT and PARENT / GUARDIAN ACKNOWLEDGEMENT:

By signing below, you the Parent/Guardian agree to make sure your child:

- Attends a mandatory Orientation in September in grade 9
- Attends a one-week PTECH Summer STEM camp following grades 8 and 9
- Attends Manufacturing Day on the first Friday of October in grades 9 and 10
- Attends school on a daily basis and also attends a minimum of 25 hours of extended learning opportunities (Bridge Activities) each year in grades 9 and 10
- Completes math diagnostic exam at the end of grade 9 and participates in tutoring activities if identified as needing support in grade 10.

I agree that my child may enroll in the Southern Adirondack PTECH Program. I realize that students that continue in the program as grade 11 and 12 students will be dually enrolled as both a high school student and a SUNY Adirondack student. For those grade levels, you will receive an official transcript from SUNY Adirondack and your high school. **Students will not incur any cost for attending the program while they are dually enrolled in high school and SUNY Adirondack.**

By signing below, you, the parent/guardian understands that your child will **not** receive their high school diploma until they have completed their associate's degree program. Upon successful completion of the program, the student will receive both their high school diploma and the associate's degree.

Student's Signature _____ Date: _____

Parent / Guardian's Signature _____ Date: _____

Counselor's Signature _____ Date: _____

Principal/District Representative's Signature _____ Date: _____

SUNY Adirondack Approval/College Official _____ Date: _____