

OHM BOCES Regional Summer School 2011
Elementary School Registration Form

Section 1 - To be filled out by the parent/guardian, then returned to guidance counselor.

School District: _____

Student's Name: _____ Date of Birth: _____ Gender: _____

Home Address: _____ Phone: _____

Below - Person(s) student lives with - for home mailings; circle prefix (*i.e., Mrs., Ms., Mr., Mr. & Mrs., etc.*), then write name (*i.e., Sue Jones or Tom Jones*).

Parent(s)/Guardian(s)'s Name: Mrs. Ms. Miss Mr. Mr. & Mrs. Mr. & Ms. _____

Mother/Female Name: _____ Home phone: _____

Mother/Female Email: _____ Work phone: _____

Cell phone: _____

Father/Male Name: _____ Home phone: _____

Father/Male Email: _____ Work phone: _____

Cell phone: _____

If my child must be taken home and neither parent can be reached, please call:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Emergency Authorization/Medical Concerns

Should an emergency arise that requires immediate action, I authorize BOCES to take my child, _____, to the nearest first aid available or to a hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

If the student has special conditions, requirements, allergies, medications or anything else that school authorities should know about, please state here.

Parent/Legal Guardian's Signature: _____ Date: _____

Section 2 - To be filled out by guidance counselor

Grade Completing: _____

Special Education Student: Yes or No

Grade Level in Summer School: _____

English as a Second Language Student (ESL) Yes or No

Enrollment level for the summer classes is based on the grade that the student would be entering in the Fall 2010 school year.

Special Education Requirements (if applicable)

Test modification personnel: Our Own School District or Additional BOCES Contract

Test modification Requirements:

(Please attach copy of the IEP or 504 Accommodation Plan to this application.)

Counselor's Name: _____ Phone: _____

Counselor's Signature: _____ Date: _____