

**OHM BOCES Regional Summer School 2011  
High School Registration Form**

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

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School District: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender: M or F Date of Birth: \_\_\_\_\_

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 Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Male Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**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.

Does student have any special conditions, requirements, allergies, medications or anything else that school authorities should know about? Yes or No If Yes, please state here:

\_\_\_\_\_

I have read, understand and will comply with the policies of summer school as set forth in the brochure.

I also understand and agree that under no circumstances will my child's class period be changed, nor will any exceptions be made to the attendance policy. (See policy at [www.ohmboces.org/JrSrHighAttendance.htm](http://www.ohmboces.org/JrSrHighAttendance.htm))

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section 2 - To be filled out by guidance counselor**

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Grade Completing: \_\_\_\_\_

Unique Student ID: \_\_\_\_\_ Track: Academic Intervention or Academic Enrichment

ESL Student: Yes or No Special Education Student: Yes (see below) or No

**Special Education Requirements** (if applicable)

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

Test modification requirements: IEP or 504 (*Test modification portion must be attached*)

Course Selection 1: \_\_\_\_\_

Course Selection 2: \_\_\_\_\_

Tutorial Selection: \_\_\_\_\_

Exam(s) - Selection 1: \_\_\_\_\_ Selection 3: \_\_\_\_\_

Selection 2: \_\_\_\_\_ Selection 4: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Section 3 (guidance counselor)**

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Walk-in Exam Registrants

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Driver Education Students

Please attach Photo/License HERE

**SPECIAL EDUCATION ONLY**

Please attach I.E.P. to this form.