

OHM BOCES Regional Summer School 2011
Junior High 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 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.

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

I have read, understand and will comply with the rules 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.)

Student's Signature: _____ Date: _____

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

Section 2 - To be filled out by guidance counselor

Grade Completing: _____

Unique Student ID: _____ Track: Academic Intervention or Academic Enrichment

Course Selection 1: _____

Course Selection 2: _____

English as a Second Language Student Yes or No Special Education Student: Yes 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)

Counselor's Name: _____ Phone: _____

Counselor's Signature: _____