



CAREER & TECHNICAL EDUCATION
Sullivan County Board of Cooperative Educational Services
 6 Wierk Avenue • Liberty, NY 12754-2116
 Telephone (845) 295-4152 • Fax (845) 295-0513

APPLICATION FOR ADMISSION

Name _____ Home School _____ Date Received _____
LAST FIRST MIDDLE **(BOCES Staff Only To Post Date)**

Desired Course _____ Second Choice _____

Birth Date _____ Age _____ M/F _____ Social Security # _____
MO. DAY YR.

MAILING ADDRESS: _____
BOX NO. STREET TOWN STATE ZIP

Home Phone _____ E-Mail Address _____

Father/Guardian Name _____ Cell Phone _____

Mother/Guardian Name _____ Cell Phone _____

What is your career goal? _____

I agree to my son's/daughter's application to Sullivan County Career & Tech Center. Permission is granted for him/her to participate in any regular shop/laboratory/activity. I will also supply him/her with required uniforms and equipment. I give my permission for the home school to send records concerning my child to the Career & Tech Center.

Signature of Student _____ **Signature of Parent/Guardian** _____

HOME SCHOOL COUNSELOR WILL COMPLETE

Grade Entering Career & Tech _____ Absences To Date This Year _____

If student has been reviewed by C.S.E., indicate designation _____

Please check here if student has special concerns that need to be shared with C & T Guidance.

Counselor's Signature _____ Phone _____ Ext. _____ Date _____

SCHOOL NURSE WILL COMPLETE

It is necessary to send a copy of the student's CHR (Immunization, PE, Screenings) to the BOCES Health Office. This can be done via confidential mail or fax. The BOCES Health Office fax number is (845) 292-7910.

Please check here if the CHR has been sent to the BOCES Health Office.

Please check here if student has special concerns that need to be shared with BOCES RN.
 (i.e.: meds, dx, restrictions, alerts)

Nurse's Signature _____ Date _____