Peekskill High School BOCES Application

Student Name: _____ Date: _____

Grade (Current): _____ School Counselor: _____

Guidelines for Gen Ed/ IEP Students

- 11th & 12th grade students only.
- Students should be passing all of their classes.
- Students should have a minimum of a 65 GPA in all core classes.
- Students should have a minimum of 75 percent attendance in all classes.
- Only ENL Transitional students and above may apply.

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Students are reminded that attending BOCES is an extension of Peekskill High School. Attendance and grades will be monitored to ensure that students are proceeding toward their completion of high school. A student will only be enrolled in BOCES if they are an 11th or 12th grade student, and BOCES does not impede meeting the NYS graduation requirements. Since BOCES Applications are due by March 22, 2024, the school counselor and building level administration will finalize BOCES placement after the student receives their report card in June. **Please note application submission does not guarantee BOCES enrollment.**

Students will be dropped from BOCES if any of the following apply:

1. Student is not at least an 11th grade student, (11 credits).
2. Student's graduation will be in jeopardy due enrollment in BOCES.
3. Students IEP/504 cannot be adhered to due to BOCES schedule.
4. Student will add an additional year to high school as a result of enrollment in BOCES.
5. Student is not able to take Regents prep classes due to BOCES schedule.

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Parent Signature: _____

Student Signature: _____

School Counselor Signature: _____

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OFFICE USE ONLY

BOCES application submitted to the PHS Counseling Department on _____.

Please Allow 10 Days to Process Application

PNW BOCES
PUTNAM | NORTHERN WESTCHESTER
Service and Innovation Through Partnership

Putnam/Northern Westchester BOCES
Career & Technical Education
200 BOCES Drive
Yorktown Heights, NY 10598
(914) 248-2428

NEW STUDENT APPLICATION

STUDENT INFORMATION

STUDENT _____ STUDENT ID# _____

HOME SCHOOL _____ DATE ENTERING DISTRICT _____

DATE OF BIRTH _____ GENDER _____ GRADE _____

COUNTRY OF BIRTH _____ RACE _____ LANGUAGE _____

*STUDENT EMAIL _____

*Do not use school email

HOUSEHOLD INFORMATION

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ PHONE TYPE (check one) ☐ Home ☐ Cell ☐ Work

RESIDENCE TYPE (check one) ☐ Own ☐ Rent ☐ Lease ☐ Trailer Park/Condo Unit

CONTACT INFORMATION

PARENT/GUARDIAN NAME 1 _____

GENDER (check one) ☐ M ☐ F RELATIONSHIP TO STUDENT _____

PHONE NUMBER _____ PHONE TYPE (check one) ☐ Home ☐ Cell ☐ Work

PARENT/GUARDIAN 1 EMAIL _____

PARENT/GUARDIAN NAME 2 _____

GENDER (check one) ☐ M ☐ F RELATIONSHIP TO STUDENT _____

PHONE NUMBER _____ PHONE TYPE (check one) ☐ Home ☐ Cell ☐ Work

PARENT/GUARDIAN 2 EMAIL _____

COURSE INFORMATION

STUDENT'S 1st COURSE SELECTION _____

STUDENT'S 2nd COURSE SELECTION _____

ELL COURSE REQUEST _____

STUDENT I.D.# _____ **DATE** _____

SCHOOL NURSE MEDICAL QUESTIONNAIRE

THIS QUESTIONNAIRE MUST BE COMPLETED BY THE SCHOOL NURSE AND IS A REQUIRED "pdf" ATTACHMENT TO THE ONLINE STUDENT APPLICATION.
Website: https://enrollment.xenegrade.com/pnwboces

STUDENT _____ HOME _____

DOCTOR'S NAME _____ DOCTOR'S TELEPHONE _____

DENTIST'S NAME _____ DENTIST'S TELEPHONE _____

CURRENT CONDITION(S) _____

NAME OF MEDICATION(S) AND DOSAGE _____

DATE OF LAST TETANUS _____ IMMUNIZATIONS UP-TO-DATE? _____

NAME AND TELEPHONE NUMBER IN CASE OF EMERGENCY:

FIRST CONTACT: SECOND CONTACT:

NAME _____ NAME _____

PHONE NUMBER _____ PHONE NUMBER _____

HAS STUDENT HAD ANY OF THE FOLLOWING? IF YES, PLEASE EXPLAIN IN SPACE BELOW:

1.	EPILEPSY OR SEIZURES	☐ Yes	☐ No	IF YES:	GRAND MAL	☐ Yes	☐ No
					PETIT MAL	☐ Yes	☐ No
2.	ASTHMA	☐ Yes	☐ No				
3.	ALLERGIES	☐ Yes	☐ No	IF YES, LIST:	_____		
4.	BEE STING REACTION	☐ Yes	☐ No	IF YES:	INJECTION	☐ Yes	☐ No
					ORAL MEDICINE	☐ Yes	☐ No
					HOSPITAL	☐ Yes	☐ No
5.	DIABETES	☐ Yes	☐ No	IF YES:	INSULIN	☐ Yes	☐ No
6.	HEART DISEASE	☐ Yes	☐ No				
7.	HEAD INJURY	☐ Yes	☐ No				
8.	KIDNEY DISEASE	☐ Yes	☐ No				
9.	HIGH BLOOD PRESSURE	☐ Yes	☐ No				
10.	COLOR BLINDNESS	☐ Yes	☐ No				
11.	PHYSICAL ACTIVITY RESTRICTION	☐ Yes	☐ No	IF YES, LIST:	_____		
12.	SPECIAL CONDITIONS	☐ Yes	☐ No	WHEELCHAIR		☐ Yes	☐ No
				CRUTCHES		☐ Yes	☐ No

Additional Comments:

VISION WITHOUT GLASSES	R _____	L _____	Both _____	GLASSES	☐ Yes	☐ No
VISION WITH GLASSES	R _____	L _____	Both _____	CONTACTS	☐ Yes	☐ No
HEARING	R _____	L _____	Both _____	HEARING AIDS	☐ Yes	☐ No

Signature of School Nurse _____ Date _____

COUNSELOR ASSESSMENT

THIS ASSESSMENT <u>MUST</u> BE COMPLETED BY THE SCHOOL COUNSELOR AND IS A REQUIRED PDF ATTACHMENT TO THE ONLINE STUDENT APPLICATION. Website: https://enrollment.xenegrade.com/pnwboces

STUDENT: _____, _____ **HOME SCHOOL: _____**
(last name) *(first name)*

COUNSELOR: _____

IEP _____ 504 _____

Pursuing CDOS Credential ____

Pattern of academic performance:

Strengths:

Weaknesses:

Career and Technical Interests: *Please indicate session requested

What kind of support and/or educational setting motivates the student?

What situations may possibly promote inappropriate behavior?

Reading: 1. Actual Grade/Performance ____ Math: 1. Actual Grade/Performance ____
2. NYS ELA Score ____ 2. NYS Math Score ____

Limited English Proficiency Yes ☐ No ☐ Major Language Spoken _____
Request ELL Services Yes ☐ No ☐ NYSELAT Scores _____

**Academic Options: ☐ Art, ☐ Health, ☐ PE, ☐ Social Studies, ☐ None