



Board of Cooperative Educational Services
www.capregboces.org
Leaders for Educational Excellence

Adult Education Office
Nancy Jones, Program Manager
Career & Technical School
1015 Watervliet-Shaker Road
Albany, NY 12205
Phone: (518) 862-4707
Fax: (518)862-4740

ADULT STUDENT APPLICATION

Albany Schoharie

The undersigned applicant wishes to enroll as an adult student in a Career and Technical Education program offered by Capital Region BOCES. The applicant acknowledges that admission to the program is made available by policy of the BOCES Board of Education to qualified adults on a space-available basis.

Last Name: _____ First Name: _____ Gender: M F

Home Street Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____ Date of Birth: ____/____/____

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. YES, Hispanic NO, not Hispanic
2. Select one or more races from the following five racial groups
 AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Islands.
 BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.
 WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Emergency Contact Name: _____ Relation: _____ Phone: _____

Driver's License Number: _____ State: _____ E-mail address: _____

Current Employer: _____ Phone: _____

Program Requested: _____ Session: High School: AM PM Adult:

Is Student Disadvantaged? Academically Economically

High School Attended: _____ Graduation Year: _____

Diploma Type: IEP Local Regents HSE (GED)

Payment Method: _____ Check Number: _____ Sponsoring Agency Contact Information: _____

Name, Address and Phone of Two Individuals, Unrelated by Blood or Marriage, Who Can Attest to Applicant's Moral Character:

Expectations for attendance, School Code of Conduct, tuition and refund policy have been reviewed with me. The applicant also acknowledges that prior to admission to the program, Capital Region BOCES may, in order to ensure the safety of all of its students, investigate the character of the applicant by contacting the listed references, by contacting other individuals who may have information about the applicant's moral character, and by verifying the applicant is not listed on the sex offender registry maintained by the New York State Division of Criminal Justice Services. By signing this application, applicant consents to such an investigation, and acknowledges that making any false statements on this form may be grounds for immediate termination from participation in any BOCES program and for possible further legal action.

Date: _____ Signed: _____

The Capital Region BOCES does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities, employment, and admissions; and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Robert Zordan, compliance officer/coordinator, at Robert.zordan@neric.rog, (518) 862-4910 or 900 Watervliet-Shaker Road, Albany, NY 12205. Inquiries concerning the application of the Capital Region BOCES non-discrimination policies may also be referred to the U.S. Department of Education, Office for Civil Rights (OCR), 32 Old Slip, 26th Floor, New York, NY 10005, telephone (646) 428-3800 (voice) or (900)877-8339 (TTY).

\$100.00 enrollment fee is non-refundable. Signature acknowledges you are aware of this: _____