

Culinary Arts Tech Prep/College in the HS

Offered through the Capital Region BOCES Career & Technical School

Student Application Form

Name:		Date of Birth:	
Current Grade Level:			
Home Address:		Home Phone:	
City/Town/State:	Zip:	Home School:	
Guidance Counselor:			
Parent/Guardian Name:			
Parent/Guardian Work Phone:			
Qualifications for Culinary Ar	ts Tech Prep/Co	ollege in the High Scho	ol:
 High school senior, academica Communicates sincere interest Positive attendance and behave Ability to work independently Good communication skills (i. 	t in the field of cu ior patterns. and cooperativel	y.	.
 Requirements for consideration Completion of this application Submission of high school trans Submission of a recommendate teacher or administrator. Most recent I.E.P. if applicable Selected students may be consideration 	n. anscript including tion by a school	official such as a guidan	ce counselor, principal,
Completed application should Capital Region Career & Techni Career Center 1015 Watervliet-Shaker Road Albany, NY 12205 (518) 862-4816 Fax (518) 862-4818			
Home high school guidance con	unselor's appro	val:	
Counselor's name:	Sig	gnature:	Date:

Student's Name: Program Applied For:
Please indicate why you are interested in this program, including your ambitions and long-
term plans.
Please list volunteer, work and/or extracurricular activities.
Student's signature Date

Student's Name: Program Applied For:

School Official's Recommendation/ Discipline & Attendance Records

Please rate the applicant in the following areas. Keep in mind that the student will be compared with other capable students, and if accepted into the program, will be working closely with a variety of individuals in a professional environment.

Low High

Rating scale:	No basis to judge	1	2	3	4	5	6
Ability to get along with others							
Ability to work in a group							
Ability to work in a group							
Dependability							
Ease with adults							
Flexibility							
Maturity							
Self motivation							
Verbal skills							
Writing skills							
Organizational skills							
Is the student receiving special education services? Yes No Please indicate the number of absences this student has had to	n-date duri	ng th	nic a			ic.	
		_			CIIII	C	
year: # of absences: Date of application:							
Please provide a narrative with supporting or clarifying informateas. Please include information about disciplinary concerns . F would be helpful in evaluating this applicant. School Official's Name & Title	eel free to a	dd ai	nym				
Signature Date	e						

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: Human Resources Director, compliance officer/coordinator at carol.ratigan@neric.org, (518) 862-4951 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 (800) 877-8339 (TTY).