CAPITAL REGION BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Adult Student



	ENTER FOR A	DVANCED TECHNOLOGY @I	MOHONAS	EN	
The undersigned applicant wishes to enroll as an adult student in a Career an acknowledges that admission to the program is made available by policy of th					
Last Name:	_ First Name: _		Gender: [M	F
Home Street Address:		City/State/Zip			
Home Phone: Cell Phone:		Date of Birth:	_ / /	/	
Emergency Contact Name:	_ Relation:	Phone: _			
 Is the student Hispanic, Latino, or of Spanish origin? YES Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puert Select one or more races from the following five racial groups AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of t maintains tribal affiliation or community attachment. ASIAN: A person having origins in any of the original peoples of the Far East, S India,Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black WHITE: A person having origins in any of the original peoples of Europe, North 	the original peoples outheast Asia, or the nam. s in any or the origin racial groups of Afr	of North and South America (including (e Indian subcontinent including for exam al peoples of Hawaii, Guan, Samoa, or o ica.	Central America	a), and w , China,	
Driver's License Number:	State	e: E-mail address:			
Current Employer:		Work Phone:			
Program Requested:	_ Session: High S	School: 🔄 8:10-10:35 AM 📃 11:10 A	M-1:30 PM	Adult:	3-9 PM
How did you hear about us?					
Is Student Disadvantaged? Academically Economically					
Does the student have previous career and technical education experi	ence? Yes	No			
If so, which program:		With Capital Region BO	CES?	/es	No
High School Attended:		Graduation Year:			
Diploma Type: 🗌 IEP 🔄 Local 🔄 Regents 🔄 H	ISE (GED)				
Payment Method: Cash Check Money Order Ce	ertified Check	Sponsor Agency Contact Info:	:		
\$100.00 enrollment fee is non-refundable. Signature acknowledges	you are aware o	of this:			
Name, Address and Phone of Two Individuals, Unrelated by Blood	-				

The applicant 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:___

Return completed application to Capital Region BOCES' Administrative Offices, 900 Watervliet-Shaker Road, Albany, NY 12205

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 nondiscrimination policies: Director of Human Resources, hrdirector@neric.org, (518) 862-4910 or 900 Watervliet Shaker Road, Albany, NY 12205. Inquiries concerning the application of the Capital Region BOCES nondiscrimination policies may also be referred to the Office for Civil Rights, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, telephone: 646-428-3900, FAX: 646-428-3843, TDD: 800-877-8339, email: OCR.NewYork@ed.gov.