CAPITAL REGION BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Adult Student

APPLICATION

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. Applications can be submitted from Oct. 1 to May 31.

Last Name: _____ First Name: _____ Gender: ☐ M ☐ F ☐ Non-Binary

Home Street Address: _____ City/State/Zip: _____

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

Emergency Contact Name: _____ Relation: _____ Phone: _____

1. **Is the student Hispanic, Latino or of Spanish origin?** ☐ Yes ☐ No
   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 or race.
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 or the original peoples of Hawaii, Guam, 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.

Driver's License Number: _____ State: _____ Email Address: _____

Current Employer: _____ Work Phone: _____

Program Requested: _____ Session: High School: ☐ 8:10-10:35 a.m. ☐ 11:10 a.m.-1:30 p.m. ☐ Adult: 3-9 p.m.

How did you hear about us? _____

Does the student have previous career and technical education experience? ☐ Yes ☐ No

If so, which program? _____ With Capital Region BOCES? ☐ Yes ☐ No

High School Attended: _____ Graduation Year: _____

Diploma Type: ☐ IEP ☐ Local ☐ Regents ☐ Regents With Advanced Distinction ☐ HSE (GED)

Payment Method: ☐ Cash ☐ Check ☐ Money Order ☐ Certified Check ☐ Credit Card

Sponsor Agency Contact Info: _____

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

Name, email and phone of two individuals, unrelated by blood or marriage, who can attest to applicant's moral character:

_____

_____

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.

Signed: _____ Date: _____

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