STUDENT REFERRAL APPLICATION

*This is a confidential document that needs to be completed by the Guidance Counselor with the accompanying support documentation, and then forwarded to the appropriate school district referral agent. That person will review and then submit a completed application packet to the principal of Innovation Tech. Incomplete applications will hinder expeditious processing.

Student Name: _____ Date: _____/_____/ _____

Age of Student_____ Date of Birth_____/_____/_____ Grade Entering _____

Student E-mail Address_____SIS# _____

Home School: _____ Referred By: _____

Parent/Guardian Name:

_____

Address: _____

_____

Home #:_____ Work #: _____

Cell:_____ E-mail:_____

Parent/Guardian Name:

_____

Address: _____

_____

Home #:_____ Work #: _____

Cell:_____ E-mail:_____

Student lives with: _____

Student's complete mailing address: _____

_____

_____

Based on your knowledge of this student, please identify the student's strengths and successes in the classroom:

_____

_____

_____

_____

_____

_____

_____

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Based on your knowledge of this student, please check any of the following areas of strength or interest

☐ Works Well With Others ☐ Enjoys Hands On Learning ☐ Displays Leadership Skills

☐ Interest in Technology ☐ Desire to Succeed ☐ Looking For a New & Different Learning Environment

☐ Other _____

Please give as much detail as possible about these and other issues that affect this student:

_____

_____

_____

Does student have an IEP or 504 Plan? Explain:

_____

_____

Please initial and include in this packet each of the required components of the application process if ***applicable to this student***:

_____Most Recent Report Card

_____Secondary Transcript

_____IEP

_____Psychological Evaluation

_____504 Plan

_____Behavior Intervention Plan

_____Discipline History

_____Medical History

_____Attendance History

_____Science Lab Hours

_____Required New York State AIS Course Information

_____Court Orders of Custody/Protection

Has this student ever repeated a grade? Explain _____

What is the student's status regarding LOTE?_____

How many credits toward high school completion has this student completed as of today's date?_____

Please indicate all Regents Exams this student has passed:

_____

_____

Completed by: _____ _____/_____/_____
Name & Title *Date*

Reviewed by: _____ _____/_____/_____
Principal of Home School District *Date*

Send to: **Trista Brundage**, Principal of Innovation Tech
Innovation Tech
6075 East Molloy Road, Syracuse, NY 13211
315-453-4473

The Onondaga-Cortland-Madison Board of Cooperative Educational Services (BOCES), in recognition of the obligation imposed by Title IX of the Education Act Amendment of 1972, and section 504 of the Rehabilitation Act of 1973 and other statutes hereby affirms its intention to comply with the provisions of these acts to the end that no person shall be excluded from participation, be denied benefits of, or be subjected to discrimination under any educational program or activity on the basis of sex, handicap, race, color, national origin, or age.