



Learner Application for September 2019

Application Deadline: May 1, 2019

This section should be completed by the School Counselor.

Please be certain all three requirements listed below are addressed before submitting the application.

Please check off each requirement and include the requested information.

- Learner must currently be enrolled in school and on track to meet all requirements for a successful completion of the school year.

School Counselor (print) _____ (Signature) _____

Counselor's email address: _____

- Learner must complete the application form and submit the completed form to the school counselor.
- Learner must meet with his/her school counselor to discuss their application.

This section should be completed by the Learner and Parent/Guardian.

Please submit completed and signed application to the school counselor in the district of residence. Please Type or Print Neatly

Learner's Name: _____ Gender: M F Learner's Birth Date: ____ / ____ / ____
Last First MI Month Day Year

Learner's Current School of Attendance: _____ Grade: _____

Learner's Current School District of Residence: _____

Parent/Guardian Name: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail Address _____

Parent/Guardian Name: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail Address _____

(Optional) Please check any of the following that apply:

- Learner receives or is eligible for free or reduced lunch program.
- Learner receives services as part of a 504 plan.
- Learner receives services as part of an IEP.

-continued on back



The Onondaga-Cortland-Madison Board of Cooperative Education Services (BOCES), in recognitions 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.

To be completed by the parent/guardian:

Why do you think your child will benefit from this educational setting:

To be completed by the learner:

Please tell us about:

Your strengths:

Your areas of interest related to your future goals:

What you hope to accomplish as a learner at Seven Valleys New Tech Academy:

Signed: _____ Date: _____ Signed: _____ Date : _____
Parent's/Guardian's Signature Learner's Signature

Authorized District Personnel Only

Print: _____ Email Address: _____
Principal's Name