

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
SOLE SUPERVISORY DISTRICT
FRANKLIN-ESSEX-HAMILTON COUNTIES

PLEASE **CLICK** IN EACH BOX
TO ENTER INFORMATION.

COMPLETED FORMS MUST BE SENT TO
LESLIE LAROSE AT THE
NORTH FRANKLIN EDUCATIONAL CENTER
P.O. BOX 28, 23 HUSKIE LANE
MALONE, NY 12953
INCOMPLETE REGISTRATION FORMS WILL
BE RETURNED.

Career and Technical Education Programs
Adult Information and Registration Form

To be completed by adult or sponsoring agency accompanied by initial tuition payment

Please check one by typing an "X" in the appropriate box. Students General Education ID#

New: ☐ Change in Service: ☐ Sponsoring Agency:

Enroll for ☐ School Year ☐ A.M. Session ☐ P.M. Session ☐ Full Day Sessions |

Name:
Last Name First Name MI.

Date of Birth: Gender: ☐ Male ☐ Female

Home Address:
Number/Street/Road City/Town State Zip Code

Area Code and Phone Number

Home Phone: Work Phone:

Emergency Contact:
Name Area Code and Number

Identify any medications and/or Health Problems below:

Please indicate program selection(s):

Career and Technical Education Programs:

- | | |
|---|---|
| <input type="checkbox"/> Auto Technology – AEC/NFEC | <input type="checkbox"/> Health Occupations – AEC/NFEC |
| <input type="checkbox"/> Building Trades – AEC/NFEC | <input type="checkbox"/> Heavy Equipment Repair & Operation – NFEC |
| <input type="checkbox"/> Cosmetology – AEC/NFEC | <input type="checkbox"/> Natural Resource Conservation – AEC |
| <input type="checkbox"/> Culinary Arts – AEC/NFEC | <input type="checkbox"/> 21 st Century Agricultural Science – Salmon River |
| <input type="checkbox"/> Early Childhood Education – NFEC | <input type="checkbox"/> New Vision: Government and Law – NFEC |
| <input type="checkbox"/> Electrical Trades – NFEC | <input type="checkbox"/> New Vision: Health Careers – AEC/NFEC |
| <input type="checkbox"/> Heating, Ventilation and Air Conditioning – SRCS | <input type="checkbox"/> Other |

Ethnic Group:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black (<i>not of Hispanic origin</i>)	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic	<input type="checkbox"/> African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Other (<i>please identify</i>) <input type="text"/>		

Is this adult student economically disadvantaged? No: ☐ Yes: ☐ specify:

Agencies Involved:

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Department of Social Services |
| <input type="checkbox"/> | North Star Behavioral Health Services |
| <input type="checkbox"/> | Probation Department |
| <input type="checkbox"/> | Other |

Contact Person

Payment Method:

Tuition will paid directly to the BOCES by: ☐ Adult (Self) ☐ Agency specify:

Checks payable to: Franklin-Essex-Hamilton BOCES

Agreement:

As an adult student eligible to participate in the BOCES Career and Technical Education program, I agree to the following terms and conditions:

1. I understand that I have been allowed to begin the program in order to ensure continuity of programming and participation in the safety training. Continued participation is dependent upon the availability of space as determined by the BOCES.
2. I have read and agree to adhere to all BOCES Policies and Procedures, including, but not limited to, Policy Regarding Tuition Rate for Adults in All Career and Technical Education Programs, the BOCES Code of Conduct, Safety Procedures, and academic expectations.
3. I am responsible for tuition payment directly to the Franklin-Essex-Hamilton BOCES as follows:
 - i. Tuition Pay: \$ _____, due by _____ (date).
 - ii. Tuition Pay: \$ _____, due by _____ (date).
 - iii. Tuition Pay: \$ _____, due by _____ (date).
 - iv. Tuition Pay: \$ _____, due by _____ (date).
4. I have reviewed with the school principal and agree to all expectations of students in the classroom. I understand that my participation in this program will be terminated if I do not meet these terms or remunerate the BOCES as agreed.

Adult Student
Signature:

Signature

Date:

Sponsoring
Agency Signature:

Signature

Date: