



# Orleans-Niagara BOCES

# 2019

## Regional Summer School Program Student Registration Form

SERVICE AREA: NIAGARA WHEATFIELD HIGH SCHOOL (Grades 6-8)

HOME SCHOOL: [ ] Lewiston-Porter [ ] Lockport [ ] Niagara Wheatfield [ ] North Tonawanda [ ] Starpoint  
[ ] Wilson [ ] Niagara Falls: \_\_\_ Gaskill / \_\_\_ LaSalle Prep / \_\_\_ Cataract / \_\_\_ Abate / \_\_\_ Hyde Park / \_\_\_ Kalfas  
\_\_\_ Maple Ave / \_\_\_ GJ Mann / \_\_\_ Niagara St / \_\_\_ 79th Street / \_\_\_ Commun Ed Center  
[ ] Other/Non-Public: \_\_\_\_\_

\*If other, you must be a resident of a participating school district.

STUDENT NAME: \_\_\_\_\_ GENDER: [ ] MALE [ ] FEMALE  
(Last) (First) (M)

STUDENT ID # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RACE: [ ] White [ ] Black or African American [ ] Asian [ ] Hispanic [ ] American Indian [ ] Other \_\_\_\_\_

PARENT/GUARDIAN FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

PHONE: \_\_\_\_\_ GRADE LEVEL JUST COMPLETED (circle one): 6 7 8

### **EMERGENCY MEDICAL INFORMATION**

Is your son/daughter under the care of a physician for any reason **other** than routine visits? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES—Physician's Name and Phone #: \_\_\_\_\_

Please attach a separate page (Attn: Nurse) listing all **medical concerns** your child has currently.

Is your child allergic to any medication or other? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please fill in or attach a list: \_\_\_\_\_

Emergency Contact #1 Name & Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact #2 Name & Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\* If the school is unable to reach me, or the emergency persons listed above, I hereby authorize officials of the Orleans/Niagara BOCES Summer School Program to make arrangements deemed necessary for the emergency treatment of my child.

**We, the undersigned, have read, understand, and agree to abide by the student standards in the Parent-Student Handbook of the Orleans/Niagara BOCES 2019 Regional Summer School Program and the above medical form.**

\_\_\_ I HAVE RECEIVED A COPY OF THE PARENT/STUDENT HANDBOOK (PLEASE INITIAL BEFORE SIGNING)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Orleans-Niagara BOCES**  
*Regional Summer School Program Course Selection*

**2019**

**NIAGARA WHEATFIELD HIGH SCHOOL (Grades 6-8)**

**REMEDIAL COURSES: Single Period Courses**

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| ( ) ELRDG6 LANGUAGE ARTS Grade 6 | ( ) ELSCI6 SCIENCE Grade 6        |
| ( ) LAN701 LANGUAGE ARTS Grade 7 | ( ) SCI701 SCIENCE Grade 7        |
| ( ) LAN801 LANGUAGE ARTS Grade 8 | ( ) SCI801 SCIENCE Grade 8        |
| ( ) ELMAT6 MATH Grade 6          | ( ) ELSOC6 SOCIAL STUDIES Grade 6 |
| ( ) MAT701 MATH Grade 7          | ( ) SOC701 SOCIAL STUDIES Grade 7 |
| ( ) MAT801 MATH Grade 8          | ( ) SOC801 SOCIAL STUDIES Grade 8 |

**YOU MAY CHOOSE A MAXIMUM OF TWO (2) COURSES**

**Home School Office Use Only**

Does student have testing modification requirements?  Yes  No  
(If yes, you **MUST** attach a copy of the modifications and a complete copy of student's I.E.P, 504 etc..)

***This Registration Form has been signed by student AND parent/guardian. Payment has been received and entered on enrollment roster (for students of non-participating districts -- \$80 per course ).***

[  ] Cash Amount \$ \_\_\_\_\_ [  ] Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**\*\*Signature of Home School Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*THIS MUST BE SIGNED OR STUDENT WILL NOT BE ABLE TO ATTEND**

The Orleans/Niagara Board of Cooperative Educational Services (BOCES) is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of gender, race, color, religion or creed, age, national origin, marital status, disability, sexual orientation, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification that is recognized by law as a protected classification. Any person wishing to obtain information about the BOCES procedures for grieving alleged civil rights violations may obtain information by contacting Wayne M. Van Vleet, Director of Labor Relations/Civil Rights Compliance Officer, 4232 Shelby Basin Rd., Medina, NY 14103, telephone number 716-731-6800 ext. 2206, email address [wvanvleet@onboces.org](mailto:wvanvleet@onboces.org). Rev. 7/14