



Orleans-Niagara BOCES

2019

Regional Summer School Program Student Registration Form

SERVICE AREA: O/N BOCES CAREER & TECH CAMPUS—MEDINA (Grades 8-12)

HOME SCHOOL: Albion Barker Lyndonville Medina Newfane Royalton-Hartland

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): 8 9 10 11 12

EMERGENCY MEDICAL INFORMATION

Is your son/daughter under the care of a physician for any reason **other** than routine visits? _____ YES _____ NO

If you checked YES—list your Physician's Name and Phone #: _____

Please attach a separate page (Attn: Nurse) listing all **medical concerns & medications** your child is currently on.

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 (PLS INITIAL BEFORE SIGNING)

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____



O/N BOCES CAREER & TECH CAMPUS—MEDINA (Grades 8-12)

REMEDIAL COURSES: Single Period Courses

YOU MAY CHOOSE A MAX OF TWO (2) COURSES

[] LAN801 Language Arts Grade 8

[] MAT801 Math Grade 8

[] SCI801 Science Grade 8

[] SOC801 Social Studies Grade 8

[] ENG130 English Grade 9 R

[] SCI120 General Science 9-12

[] ENG230 English Grade 10 R

[] SCI130 Living Environment R (w/R exam)

[] ENG330 English Grade 11R (w/R exam)

[] SCI230 Earth Science R (w/R exam)

[] ENG430 English Grade 12 Regents

[] SCI330 Chemistry R (w/R exam)

[] HEA320 Health

[] SOC130 Social Studies 9R—Global I

[] MAT121 General Math I

[] SOC230 Social Studies 10R—Global II (w/R exam)

[] MAT130 Algebra I (w/R exam)

[] SOC330 Social Studies 11R-US History & Govt (w/R exam)

[] MAT221 General Math 2

[] SOC430 Economics & P.I.G. R (Combo Course)

[] MAT230 Geometry R - (w/R exam)

[] MAT335 Algebra II—(w/R exam)

REGENTS EXAM ONLY: (registration allowed for a max of 2 exams per session, 4 total)

Tuesday, August 13, 2019—8:30AM

Wednesday, August 14, 2019 — 8:30am

[] REGCHEM Physical Setting/Chemistry

[] REGUSH US History & Govt.

[] REGALG Algebra I

[] REGESCI Physical Setting/Earth Science

[] REGENG English Language Arts

Tuesday, August 13, 2019 — 12:30pm

Wednesday, August 14, 2019 — 12:30pm

[] REGGLB Global History & Geography II (New Framework)

[] REGALG2 Algebra II

[] REGGLB? TRANSITION EXAM in Global History and Geography

[] REGGEO Geometry

[] REGBIO Living Environment

DO YOU NEED A TRANSLATOR FOR EXAM: ___ YES ___ NO / If YES—Language _____

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..)

Does Student have ENL Services during regular school year? ___ YES ___ NO

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 - Lyndonville: \$68 per course / \$11 per exam; Newfane: \$56 per course / \$9 per exam and Roy-Hart: \$56 per course / \$9 per exam)

[] Cash Amount _____ [] Check # _____ Amount \$ _____

**Signature of Home School Official: _____ Date: _____

** THIS FORM MUST BE SIGNED AND A COPY OF THEIR ID ATTACHED IN ORDER FOR STUDENT TO ATTEND

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