

CHECK ALL  
THAT APPLY

☐ CAREER &  
TECHNICAL  
EDUCATION

# Enrollment Application

And Parent Permission Form

For District Office  
Use

## ST. LAWRENCE-LEWIS BOCES CAREER AND TECHNICAL EDUCATION

SCHOOL YEAR: 2025-2026 Home School \_\_\_\_\_

**Parent Permission must be granted prior to enrollment and attendance at a SLLBOCES Tech Center**

STUDENT: LAST NAME \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STUDENT CURRENT ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: NEW YORK ZIP: \_\_\_\_\_

STUDENT CELL #: \_\_\_\_\_ PARENT CELL #: \_\_\_\_\_

CAREER AND TECHNICAL ED. PROGRAM OF STUDY:

First Choice: \_\_\_\_\_ Second Choice \_\_\_\_\_

Student is determined to be homeless according to the McKinney-Vento Homeless Assistance Act of 1987 Yes No

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Medical Alert Information.**

Please provide any pertinent information you deem necessary to secure the safety of your child. (Ex. Medical condition(s), known allergies, maintenance medication(s)-including dosage, etc.

- I grant permission for my son/daughter to enroll in the above noted CTE program.
- In the event the above noted student becomes ill or injured and I cannot be contacted, I grant permission to have him/her transported to the emergency room of the local hospital for treatment. I give my consent for staff and rescue squad members to use their judgement in securing medical aid and ambulance service.
- I grant permission for my son/daughter to participate in regularly scheduled activities and field trips.
- I authorize staff to release the appropriate personal and/or academic information from my son/daughter's record to potential employers, post-secondary schools and the military as requested unless I sign off to decline giving permission.
- I grant permission for photos of my son/daughter to be used in school publications, news releases, medial presentations and on the BOCES website.
- I acknowledge the computer system may allow my son/daughter access to external computer networks not controlled by the CTE Center. I understand that some of the material available through these external networks may be inappropriate and objectionable. I accept responsibility to set and convey standards for appropriate and acceptable use for my son/daughter when using the computer or any other electronic media or communication device at the CTE Center.
- I agree to release the St. Lawrence –Lewis BOCES, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the computer system in any manner whatsoever. I agree that my son/daughter may have access to the computer system and this may include remote access from home.

Parent/Guardian Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_