



Instructional Programs

Memo

To: Principals
Guidance Counselors
CSE Chairs

From: James Mullins, Assistant Superintendent for Instruction

Date: Spring 2016

Re: BOCES Enrollment Information

Enclosed you will find the following for the 2016-2017 school year:

1. Procedures to enroll a student in a BOCES program.
2. A list of BOCES principals and/or designees, as of February 2016. This chart also includes the Instructional hours for BOCES programs.
3. A list of BOCES programs/sites.
4. Approved tuition rates.
5. The NEW student enrollment form to be used for all 2016-17 enrollments. This form can be printed off for manual entry or completed online and submitted electronically to the Student Data Center.

Please review this information and contact the BOCES principal or designee for assistance with enrolling your students.

BROOME-TIOGA BOCES Enrollment Procedures for the 2016-2017 School Year

1. School district personnel should:

- A. Be aware of financial information: Final Request for Services Purchased/Slots Available in program.
- B. Contact the BOCES site principal or designee to determine the following:
 - 1. Appropriate placement for student
 - 2. An available "seat" in the program
 - 3. A student acceptance letter
 - 4. Start date for student

2. Please provide the following information for **ALL** students:

- A. BOCES enrollment form with accurate COHORT year
- B. District health record (Immunization/Screenings/Physicals)
- C. Current district transcript (for HS Students – to include Regents & RCT Results)
- D. Current district course schedule where applicable
- E. Current district report card
- F. Individual student diagnostic report for 3-8 Assessments
- G. Completed copy of free/reduced lunch form
- H. District ISS/OSS Report for Student – if student is enrolled after the start of the school year
- I. Additional information is required for the following student types:

Student Type	Additional Information Required
Special Education	IEP, Psychological & Social History, Transition Plan/Student Exit Summary, BIP
New Visions	NV Program Application
TASC (16-18 Yrs old where applicable)	Form B Variance
Adolescent Day Treatment	Additional Approval by Greater Binghamton Health Center
Related Services	IEP & Prescriptions
Community Based Work Experience	Work Based Learning Profile, IEP, BIP

PLEASE NOTE:

A current BOCES enrollment form* is required **each school year for all students** whether students are new to BOCES or returning. For multiple programs, please provide all program information on one enrollment form (i.e., CTE course & TASC Program (formerly GED)).

Final acceptance into a BOCES program is determined **after final review of the student's records has been completed** by the BOCES principal or designee. **A letter of acceptance will be sent.**

Entry is typically arranged for Mondays.

3. After arranging enrollment with BOCES principal or designee, please send ALL paperwork directly to:

Broome-Tioga BOCES
 Student Data Center Mail Code # 20
 435 Glenwood Road, Binghamton NY 13905
 FAX: **607-763-3614**
 EMAIL: **sdcbtbooces.org**

* We have also provided your district with an electronic enrollment form that can be completed and submitted via email. If you have questions regarding this procedure, please contact the BOCES Student Data Center.



2016-2017 STUDENT ENROLLMENT FORM
****Acceptance upon Final Review of Records by BOCES****

First Name: _____ **MI:** _____ **Last Name:** _____

Birth Date: _____ **Gender:** _____ **Grade:** *(As of Sept 2016)* _____ **Hispanic/Latino:** _____

Race: American Indian African American Asian Pacific Islander White

School District: _____ **District Building:** _____

District Student ID#: _____ **District of Residence:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Name 1: _____ **Relationship:** _____
Address: _____

City: _____ **State:** _____ **Zip:** _____ **Lives with:** Yes No

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Parent/Guardian Name 2: _____ **Relationship:** _____
Address: _____

City: _____ **State:** _____ **Zip:** _____ **Lives with:** Yes No

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

**** Program/Course Enrollment is Based on a First Come – First Serve Basis ****

ADD/CONTINUE Student:

Is this an Additional Request for Service? **Yes** **No** *If Yes, please process an ARFS form PRIOR to enrollment.*

BOCES Site: _____

Program: _____ AM PM Full Day

CTE Course: _____ AM PM Full Day

Tentative Start Date: _____

Check ONE in each of the following categories:

Lunch: <input type="checkbox"/> <i>Not Free</i>	<input type="checkbox"/> <i>Free</i>	<input type="checkbox"/> <i>Reduced</i>
Testing: <input type="checkbox"/> <i>NYS Assessment</i>	<input type="checkbox"/> <i>NYS Alternate Assessment (NYSAA)</i>	

Home Language: _____ **US Enroll Date:** _____ **ELL Years:** _____

Year Entered Grade 9 (Sept): _____ **Disability:** _____ → *If classified, please attach IEP*

Student has a Behavioral Intervention Plan: Yes No → *If yes, please attach BIP to Enrollment Form*

Medicaid Eligible: Yes No **CIN #:** _____ **Agency:** _____

Med Service Coordinator: _____ **Phone:** _____

PROVIDE RELATED SERVICES:

Effective Date: _____

Location of Service: _____

2015 -16 School Year is a Triennial Year for this student. Parental approval is on file at the district for Triennial Testing.

Nursing:

- Skilled Nurse _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G
- Student Physical (Grades K, 1, 3, 7 & 10 – Special Ed also grade 5)

↓ Listed below are the **ONLY** Related Services offered by BOCES – they are **NOT INCLUDED** in program tuition & generate additional costs. For clarification, contact Sue Tiffany @ 763-3318.

Check all that apply and list % - ONLY Possible choices: 50%, 100%

Aide: % Monitor: % Interpreter: % Scribe: % TBD by BOCES

Home Teaching: _____ x 6 for _____ wks

Counseling (In addition to Program) _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G

Consultant Special Education Teacher:

- Student Based _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G
- Family Training/Counseling _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G
- School Personnel Support _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G

**** Please Attach Prescriptions****

- Occupational Therapy _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G
- Physical Therapy _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G
- Adaptive PE (In addition to Program) _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G
- Speech (Disabled) _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G
- Hearing Impaired _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G
- Visually Impaired _____ x 6 _____ MIN-I and/or _____ x 6 _____ MIN-G

Individual Evaluation – Please describe: _____
Purpose: _____

CHANGE Student Placement:

Desired Effective Date: _____

FROM: (Current BOCES Site/Program/Course): _____

AM PM Full Day

TO: (New BOCES Site/Program/Course): _____

AM PM Full Day

DROP Student:

If student is enrolled in multiple BOCES programs, please specify ALL program(s)/service(s) you would like discontinued.

Program/Course/Service(s): _____

Desired Effective Date: _____

Please Note: Drops are processed on the date received in the BOCES Student Data Center and **CANNOT** be backdated.

Reason for Dropping: _____

This form must have a contact name in the signature field and both page 1 & 2 must be submitted to be processed.

Signature: _____
(ADMIN/CSE/CNSLR)

Date: _____

SEND PAPERWORK TO BOCES STUDENT DATA CENTER: Fax: 607-763-3614 - email: sdcbt@btbooces.org - Mail: Ed Center, #20