



## Instructional Programs

# Memo

To: Principals  
Guidance Counselors  
CSE Chairs

From: James Mullins, Assistant Superintendent for Instruction

**Re: BOCES Enrollment Information**

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Enclosed you will find the following for the 2017-2018 school year:

1. Procedures to enroll a student in a BOCES program.
2. A list of BOCES principals and/or designees, as of February 2017. 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 2017-18 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 2017-2018 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 Scores)
- 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:

<b>Student Type</b>	<b>Additional Information Required</b>
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).

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.


**2017-2018 STUDENT ENROLLMENT FORM**  
**\*\*Acceptance upon Final Review of Records by BOCES\*\***

**STUDENT DEMOGRAPHICS**

<b>First Name:</b>		<b>MI:</b>	<b>Last Name:</b>		
<b>Birth Date:</b>	<b>Gender:</b>	<b>Grade: (As of 9/2017)</b>	<b>Hispanic (Y or N):</b>	<b>Ethnicity:</b>	<b>Home Language:</b>
	_____		_____	_____	
<b>School District:</b>	<b>District Building:</b>	<b>District of Residence:</b>	<b>Local Student ID #:</b>	<b>YR Entered Grade 9 (Sept):</b>	
<b>Meal Status:</b>	<b>Assessment Type:</b>		<b>US Enroll Date:</b>	<b>ELL Years:</b>	
_____	_____				
<b>Disability:</b>	<b><i>If the student is classified, please <u>attach the IEP.</u></i></b> <b><i>If the student has a <u>BIP</u>, please also include it.</i></b>				

<b>Student's Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>1. Parent/Guardian Name:</b>		<b>Relationship:</b>	<b>Lives With:</b>	
			_____	
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>		

<b>2. Parent/Guardian Name:</b>		<b>Relationship:</b>	<b>Lives With:</b>	
			_____	
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>		

	<b><u>ADD/CONTINUE STUDENT:</u></b> <i>If this placement is an Additional Request for Services, please process an ARFS form PRIOR to enrollment.</i>			
<b>BOCES Site:</b>	<b>BOCES Program:</b>		<b>Session:</b>	
			_____	
<b>CTE Course:</b>			<b>Session:</b>	
			_____	
<b>Tentative Start Date:</b>		<b><i>Note: Program/Course enrollment is on a "First Come-First Served" basis.</i></b>		



### **PROVIDE RELATED SERVICES:**

Effective Date:

Location of Service:

	Services	G/I	FRQ	MIN	CYCLE	AND/OR	G/I	FRQ	MIN	CYCLE
<input type="checkbox"/>	SKILLED NURSE	___			___		___			___
<input type="checkbox"/>	STUDENT PHYSICAL (Grades K,1,3,7,& 10 – Special Ed also grade 5)									

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

**Check all that apply and select % - ONLY possible choices are 50%, 100%**

<input type="checkbox"/>	Aide %	<input type="checkbox"/>	Monitor %	<input type="checkbox"/>	Interpreter %	<input type="checkbox"/>	Scribe (% TBD by BOCES) %	
<input type="checkbox"/>	Counseling (In addition to Program)	___			___	<b>AND/OR</b>	___	
<b>Consultant Special Education Teacher:</b>								
<input type="checkbox"/>	Student Based	___			___		___	
	Subject Area:	___			___		___	
	Subject Area:	___			___		___	
	Subject Area:	___			___		___	
	Subject Area:	___			___		___	
<input type="checkbox"/>	Family Training/Counseling	___			___		___	
<input type="checkbox"/>	School Personnel Support	___			___		___	
<input type="checkbox"/>	Occupational Therapy - Please Include Prescription	___			___		___	
<input type="checkbox"/>	Physical Therapy - Please Include Prescription	___			___		___	
<input type="checkbox"/>	Adaptive PE (In Addition to Program)	___			___		___	
<input type="checkbox"/>	Speech (Disabled)	___			___		___	
<input type="checkbox"/>	Hearing Impaired	___			___		___	
<input type="checkbox"/>	Visually Impaired	___			___		___	
<input type="checkbox"/>	Individual Evaluation:	Please Describe: Purpose:						



### **CHANGE STUDENT PLACEMENT:**

FROM BOCES Site:	FROM BOCES Program or Course:	Session:
		___
TO BOCES Site:	FROM BOCES Program or Course:	Session:
		___
Desired Effective Date:		



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

**PLEASE NOTE:** Drops are processed on the date received in the BOCES Student Data Center and **CANNOT** be back dated.

FROM BOCES Site:	FROM BOCES Program or Course:
Desired Effective Date:	Drop Reason:

**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 ALL PAPERWORK TO BOCES Student Data Center: EMAIL: [SDC@BTBOCES.ORG](mailto:SDC@BTBOCES.ORG) – FAX: 607-763-3614 – Interoffice: ED CENTER #20**