



Instructional Programs

Memo

To: Principals
Guidance Counselors
CSE Chairs

From: James Mullins, Assistant Superintendent for Instruction

Re: **BOCES Enrollment Information**

Enclosed you will find the following for the 2018-2019 school year:

1. Procedures to enroll a student in a BOCES program.
2. A list of BOCES principals and/or designees, as of February 2018. 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 2018-19 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 2018-2019 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:

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).

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.



2018-2019 PROGRAM ENROLLMENT FORM

****Acceptance upon Final Review of Records by BOCES****

SEND ALL PAPERWORK TO BOCES STUDENT DATA CENTER:
 SDC@BTBOCES.ORG — FAX: 607-763-3614 — INTEROFFICE: ED CENTER #20

STUDENT DEMOGRAPHICS

First Name:		MI:	Last Name:		
Birth Date:		Gender:	Grade: (As of 9/2018)	Hispanic:	Ethnicity:
		_____		<input type="checkbox"/> Yes or <input type="checkbox"/> No	_____
School District:		Dist School Bldg:	District of Residence:	Local Student ID #:	9 th Grade Entry (Sept):
Disability:	If the student is classified, please <u>attach the IEP</u> . If the student has a <u>BIP</u> , please include it.				ELL Years:

Meal Status:			Assessment Type:		
<input type="checkbox"/> Free	<input type="checkbox"/> Not Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> NYS Assessments	<input type="checkbox"/> NYS Alternate Assessments	

Student's Mailing Address:

Parent/Guardian Information 1:		Relationship:	Lives with this Guardian: <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Name:					
Address:					
Home Phone:	Work Phone:	Cell Phone:			
Parent/Guardian Information 2:		Relationship:	Lives with this Guardian: <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Name:					
Address:					
Home Phone:	Work Phone:	Cell Phone:			

ADD/CONTINUE STUDENT: If this placement is an Additional Request for Services, please process an ARFS form PRIOR to enrollment.

BOCES Site:	BOCES Program:	Session:
		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day
CTE Course:		Session:
		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day
Tentative Start Date:	Note: Program/Course enrollment is on a "First Come-First Served" basis.	

CHANGE STUDENT PLACEMENT:

FROM BOCES Site:	FROM BOCES Program or Course:	Session:
		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day
TO BOCES Site:	FROM BOCES Program or Course:	Session:
		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day
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:

Signature (ADMIN/CSE/CNSLR):	Date:



RELATED SERVICES ENROLLMENT

SEND ALL PAPERWORK TO BOCES STUDENT DATA CENTER:
SDC@BTBOCES.ORG — FAX: 607-763-3614 — INTEROFFICE: ED CENTER #20

PROVIDE RELATED SERVICES:

This Student is in a BOCES program:

Yes or No

For Related Services ONLY:

Yes or No

Effective Date:

Location of Service:

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

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

Aide %
 Monitor %
 Interpreter %
 Scribe (*% TBD by BOCES*) %

**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.**

<input type="checkbox"/>	Counseling <i>(In addition to Program)</i>			___	_				___	_
<input type="checkbox"/>	Indirect Consultant Teacher			___	_				___	_
<input type="checkbox"/>	Direct Consultant Teacher			___	_				___	_
<input type="checkbox"/>	Subject Area:			___	_				___	_
<input type="checkbox"/>	Subject Area:			___	_				___	_
<input type="checkbox"/>	Subject Area:			___	_				___	_
<input type="checkbox"/>	Subject Area:			___	_				___	_
<input type="checkbox"/>	Family Training/Counseling			___	_				___	_
<input type="checkbox"/>	Occupational Therapy - Please Include Prescription			___	_				___	_
<input type="checkbox"/>	Physical Therapy - Please Include Prescription			___	_				___	_
<input type="checkbox"/>	Adaptive PE <i>(In Addition to Program)</i>			___	_				___	_
<input type="checkbox"/>	Speech (Disabled)			___	_				___	_
<input type="checkbox"/>	Hearing Impaired			___	_				___	_
<input type="checkbox"/>	Visually Impaired			___	_				___	_
<input type="checkbox"/>				___	_				___	_

Amended IEP Attached *(Indicate changes made):*

Individual Evaluation:
 Please Describe:
Purpose:

Signature *(ADMIN/CSE/CNSLR):*

Date: