



PLEASE PRINT

ADULT EDUCATION PROGRAM APPLICATION

RETURN THIS APPLICATION TO:

BOCES ADULT EDUCATION # 45
500 Main St, Johnson City NY 13790
Or Email to adulated@btboces.org

Last Name First Name Middle Initial

ADDRESS/PHONE

Mailing Street Address Apartment/Lot # Mailing City Mailing State Mailing Zip Code
Residence Street Address (if different) Apartment/Lot # Residence City Residence State Residence Zip Code
Home Phone # Cell Phone # E-Mail Address (please print carefully)

JOB TRAINING PROGRAM REGISTRATION (CHOOSE ONE PROGRAM) Semester (Circle one) Summer Fall Spring

- [] CERTIFIED STERILE PROCESSING TECH [] CERTIFIED NURSE AIDE [] COSMO COMPLTION &/OR REFRESHER [] COSMETOLOGY [] OSHA - 10
[] 10 Month PRACTICAL NURSING [] PHLEBOTOMY [] RESIDENTIAL ELECTRICITY [] WELDING for MANUFACTURING
[] 20 Month PRACTICAL NURSING [] TEACHER AIDE 101 [] BUILDING MAINTENANCE [] WELDING For CONSTRUCTION

How did you hear about BOCES Adult Programs? Did you visit the BOCES Website for Information? Yes No
If yes, was the website helpful? Yes No

HOW DO YOU PLAN TO PAY FOR TRAINING?

- [] SELF PAY [] SALLIE MAE SMART OPTION LOAN [] VETERAN GI BILL [] VETERAN SCHOOL DISTRICT FUNDING
[] EMPLOYER: COMPANY NAME [] OTHER Specify
[] ACCES VR (Counselor's Name) [] WORKFORCE NEW YORK (Counselor's Name)

DEMOGRAPHICS

This information will not be used as selection criteria & will be treated as confidential.

Gender (check one) Birth Date Ethnic (check one)
() F () M () Asian () Black () Hawaiian () Hispanic () Native American () White

EDUCATION

[] High School Diploma Regents [] High School Diploma Non-Regents [] GED/TASC Certificate [] IEP Diploma
[] United States College Diploma [] Foreign High School Diploma [] Foreign College Degree [] No Diploma
[] College Degree: School Attended Degree Received
Additional Education: School Attended Diploma/Certificate/Degree Received:

To the best of my knowledge, the information provided on this form is accurate.

Signature: Date:

All Programs require assessment testing in either reading, math or both. Assessment tests will be scheduled after the beginning of the enrollment for each semester and receipt of this application.

Having a previous history of a misdemeanor or felony may affect your ability to become licensed or certified in Cosmetology and health careers or may affect employment opportunities after completion of these programs.

** Broome-Tioga BOCES does not discriminate - in employment, admission, or in the education programs and activities it operates - on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S. C. 12111 et. Seq. known as the Americans with Disabilities Act or section 504 of the Rehabilitation Act of 1973, New York Human Rights Law, and the Boy Scouts of America Equal Access Act of 2001. Anyone who believes BOCES or its staff has failed to apply or has inadequately applied the principles or regulations of (1) Title VII of the Civil Rights Act of 1964, (2) Title IX of the Education Amendment Act of 1972, (3) Section 504 of the Rehabilitation Act of 1973, (4) the Sexual Orientation Non-Discrimination Act of 2002, or any other relevant statute or regulation, may bring forward a complaint, called a grievance, to the district's compliance officer, the director of Human Resources, by contacting them at (607) 766-3823, or mailing to: Broome-Tioga BOCES, Attn. Human Resources Director/District Compliance Officer, 435 Glenwood Road, Binghamton N.Y. 13905 One can also file a grievance with the Office of Civil Rights: Office for Civil Rights, New York Office U. S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500. Telephone: (646) 428-3800 Facsimile: (646) 428-3843 Email: OCR.NewYork@ed.gov