

Regional Schools Common HS Application Form

Twilight Alternative High Schools

TWILIGHT ALTERNATIVE HIGH SCHOOL PROGRAMS

(select program/district of interest)

- ☐ Baldwin - Shubert School
- ☐ Bellmore-Merrick (HSE only)
- ☐ East Rockaway High School
- ☐ Freeport High School (HSE and Regents)
- ☐ Glen Cove High School (HSE and ELL)
- ☐ Hewlett-Woodmere High School
- ☐ Hicksville High School
- ☐ Massapequa High School
- ☐ Plainview-Old Bethpage JF Kennedy HS
- ☐ Uniondale UFSD
- ☐ Wantagh

Student/School Information

Last Name:		First Name		MI	
Student's District ID		Current Grade		District to be Billed	
Student's Date of Birth:		Middle/High School Attending:			
Does the applicant attend another Nassau BOCES school or program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____					
Student's address:					Apartment No.
City:		Does student have access to a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student's Signature:				Print Name	

Parent Information

Last Name:		First Name		Relationship to Student	
Email Address			Native Language		
Home Phone:		Work Phone		Cell Phone	
Parent's Signature:				Print Name	

School Authorization

Home School Nurse's Signature		Print Name		Phone	
Home School Guidance Signature		Print Name			
Guidance Counselor's Email:			Phone:		
Authorized School Official's Signature:		Print Name		Phone	

Answer All Questions: Attach Required Student Records

Will the applicant need accommodations to successfully participate in the educational process and/or program for which you are applying? If yes, please attach report. <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ESL <input type="checkbox"/> ELL <input type="checkbox"/> ENL (please check)	
Is the applicant currently classified by the home school district Committee on Special Education? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is the student receiving ESL services at the home school? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the applicant ever been declassified by the Comm. on Special Education? Date? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, at what level? (please check box)	
Does the applicant have a 504 Accommodation Plan? If yes, please attach. <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE	
Does the applicant have an IEP? If yes, please attach. <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ADVANCED <input type="checkbox"/> PROFICIENT	
Are there test modifications as designed on the IEP or 504 Accommodation Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO		Scores: NYSITELL _____	
Is the applicant currently eligible for free <input type="checkbox"/> or reduced <input type="checkbox"/> Lunch? <input type="checkbox"/> YES <input type="checkbox"/> NO		LAB-R _____	
Is the applicant receiving supplemental educational services? <input type="checkbox"/> YES <input type="checkbox"/> NO		NYESLAT _____	
which subjects? _____		DIPLOMA STATUS (please check box)	
Has the student participated in a Vocational Assessment. If yes, please attach. <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ADV REGENTS <input type="checkbox"/> REGENTS	
		<input type="checkbox"/> C-DOS <input type="checkbox"/> HSE/TASC	

FOR FURTHER INFORMATION PLEASE CONTACT:

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NASSAU BOCES TWILIGHT ALTERNATIVE HIGH SCHOOL PROGRAMS

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Completed Courses in Home High School (Please check all that apply and indicate Pass/Fail)

	Pass	Fail		Pass	Fail		Pass	Fail
<input type="radio"/> English 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Earth Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Integrated Algebra	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> English 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Living Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Algebra 2	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> English 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chemistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Geometry	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> English 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Pre Calculus	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other	<input type="radio"/>	<input type="radio"/>						
Total English Credits	<input type="text"/>		Total Science Credits	<input type="text"/>		Total Math Credits	<input type="text"/>	
	Pass	Fail		Pass	Fail		Pass	Fail
<input type="radio"/> PE 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Global 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Music	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PE 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Global 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Art	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PE 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> US History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Language	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PE 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Economics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Electives		
<input type="radio"/> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Participation Gov't	<input type="radio"/>	<input type="radio"/>			
Total PE Credits	<input type="text"/>		Total Social Studies Credits	<input type="text"/>		Total Other Credits	<input type="text"/>	

Total Credits to Date _____

Completed Regents/RCT Exams (Please check all that apply and indicate Pass/Fail)

	Pass	Fail		Pass	Fail		Pass	Fail
<input type="radio"/> Algebra I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Earth Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Global 10	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Algebra II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Living Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> US History	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Geometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chemistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> English 11	<input type="radio"/>	<input type="radio"/>

School Information (Please check all that apply and indicate Pass/Fail)

Repeated a Grade? YES ☐ NO ☐ If YES, which grade? _____

Special Services being provided in school? YES ☐ NO ☐ If YES, please describe: _____

Current issues at home High School _____

Strategies tried by district: _____

Status of discipline and/or district actions: _____

History of ISS or OSS if applicable ☐ YES ☐ NO If YES, provide details: _____

Delinquency issues ☐ YES ☐ NO If YES, describe: _____

Transfer from another district ☐ YES ☐ NO If YES, provide district and disciplinary history from previous district _____

Student Behavior/Attributes Information (Please attach additional information, if necessary)

Strengths/Interests: _____

Relationship with peers _____

Relationships with Adults: _____

Relationship with Significant Others/Family Members: _____

Behavioral concerns at home: _____

Recent behavior changes: _____

Recent home/living changes: _____

Eating or sleeping challenges: _____

Social/Medical History (Please attach additional information, if necessary)

Hospitalization within the past two years (mental health or physical conditions) ? ☐ YES ☐ NO If YES, provide details: _____

Foster Care? ☐ YES ☐ NO If YES, provide details: _____

Medical Problems/Medications? ☐ YES ☐ NO If YES, provide details: Treatment by a mental health professional: _____

Student drug and/or alcohol issues/rehabilitation centers (☐ in or ☐ out patient) Provide contact information: _____

Family drug and/or alcohol issues/rehabilitation centers (☐ in or ☐ out patient) Provide contact information: _____

Behavioral intervention plan? ☐ YES ☐ NO If YES, provide details: _____

Case Manager? ☐ YES ☐ NO If YES, provide contact information _____

Delinquency Status _____ Court Status _____ PINS Status _____

Conflict or problems with parents/guardian? ☐ YES ☐ NO If YES, provide details: _____

Does the student have a child/children? ☐ YES ☐ NO If YES, living at home? ☐ YES ☐ NO

Family member significant problems with the legal system? ☐ YES ☐ NO If YES, provide details: _____