

**INFORMATION REQUIRED FOR REGIONAL SCHOOL ONLINE APPLICATION**

**\*STUDENT INFORMATION**

SCHOOL YEAR \_\_\_\_\_

DISTRICT STUDENT ID: \_\_\_\_\_  
 STUDENT FIRST NAME: \_\_\_\_\_ STUDENT LAST NAME: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ STUDENT CELL: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**\*CONTACT INFORMATION**

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Parent/Guardian Address: \_\_\_\_\_  
 State: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*SCHOOL INFORMATION**

Attending District: \_\_\_\_\_ District to be Billed: \_\_\_\_\_  
 Attending School: \_\_\_\_\_  
 ESL Level:  N/A  Entering  Emerging  Transitioning  Expanding  Commanding  
 Diploma Status:  Advanced Regents  Regents  SAC  CDOS Credentials  TASC  Local  
 Current Grade Level: \_\_\_\_\_ Free/Reduced Lunch  Yes  No 504 Plan  Yes  No  
 Disabled/IEP  Yes  No Disadvantaged  Yes  No Does the applicant attend another BOCES school?  Yes  No  
 Declassified  Yes  No If yes, please indicate which school: \_\_\_\_\_

Verify with check mark , that copies of all these items listed below are attached in order to complete application.

- Attendance Records  Health & Immunization Records  Current Report Card  Transcript  Psychological  IEP (1 copy)  Vocational Assessment  504 Accommodation  
 Declassification  Discipline History

**\*PROGRAM INFORMATION**

**RSIP PROGRAMS:**

Joseph M. Barry Career & Technical Education Center  Gerald R. Claps Career & Technical Center  
 CTE Course Preference 1: \_\_\_\_\_ CTE Course Preference 1: \_\_\_\_\_  
 CTE Course Preference 2: \_\_\_\_\_ CTE Course Preference 2: \_\_\_\_\_

Academic Pull-out Preferences:  None  P.E. (1/2 credit)  Health (1/2 credit)

**\*AUTHORIZED SIGNATURES**

HS Nurse Name \_\_\_\_\_ HS Nurse Signature \_\_\_\_\_  
 HS Counselor's Name and Telephone # \_\_\_\_\_ HS Counselor's Signature \_\_\_\_\_  
 School Official Name \_\_\_\_\_ School Official Signature \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**\*PLEASE ANSWER ALL FIELDS TO SUBMIT APPLICATION.**

All applications must be entered online.

Once all signatures and paperwork is obtained, please mail to:

Office of the Registrar for CTE Programs, Department of Regional Schools and Instructional Programs  
 Nassau BOCES Joseph M. Barry Career & Technical Education Center, Attn: Nina Chohan  
 1196 Prospect Avenue, Westbury, New York 11590

Any questions, please call 516-396-2378 or email rsipregistrar@nasbores.org

**FOR PROGRAM SPECIFIC INFORMATION, PLEASE CONTACT APPROPRIATE PROGRAM:**

Barry Tech  
 Barry Tech: 516-622-6814, klocks@nasbores.org  
 Gerald R. Claps Career & Technical Center  
 GC Tech: 516-434-7116, tbilicki@nasbores.org

**To submit online application visit:**  
[www.nassauboces.org/districtportal](http://www.nassauboces.org/districtportal)