



DAY STUDENT APPLICATION: Spring 2012

ADMISSION REQUIREMENTS:

- New York City resident /16-20 years of age
- Currently enrolled in a NYC Public HS or GED program, or able to provide proof of HS Graduation or a GED Diploma
- If applicable, a complete IEP must be provided

Official Use Only		
HS <input type="checkbox"/>	GED <input type="checkbox"/>	POST GRAD <input type="checkbox"/>
CRS	Code	Initials
ELL <input type="checkbox"/>	Level	IEP <input type="checkbox"/>
Language.....		

PLEASE BE ADVISED THAT INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

PART I – Please PRINT clearly and complete all boxes

Applicant's First Name: M.I.: Last Name:

Home Address (Street): Apt. No:

City: State: ZIP: Date of Birth: Mo./Day/Year - - Sex: M F

Home Phone: - - Student's Cell Phone: - -

Parent/Guardian Name: Parent/Guardian E-mail address:

Parent/Guardian Address (if different from above):

Parent/Guardian Work Phone: - - Parent/Guardian Cell Number: - -

Emergency Contact Person: Emergency Contact Phone: - - Relationship:

Name of Home School or GED Program: OSIS Number: - - SS # (Last 4 digits only)

Does student have any of the following conditions? [Circle Y or N]

- | | |
|--|--|
| [1] Asthma..... [Y] [N] | [6] Epilepsy or seizures..... [Y] [N] |
| [2] Hearing loss or deafness..... [Y] [N] | [7] Diabetes.....[Y] [N] |
| [3] Heart or lung problems..... [Y] [N] | [8] Sickle cell anemia (traits).....[Y] [N] |
| [4] Do you wear contact lenses.....? [Y] [N] | [9] Taking any prescribed medications... [Y] [N] |
| [5] Do you have an artificial limb.....? [Y] [N] | [10] Other: _____ |

(If you checked "Y" for any of the below, including prescribed medications, current medical documentation must be on file at Co-op Tech prior to admission to class).

Students with a High School Diploma

Do you have a high school diploma? Yes ____ (check here if you do)

Type of high school diploma (check one): Regents ____ Local ____ IEP ____ GED ____ Foreign ____

Part II - To be completed by sending school GUIDANCE COUNSELOR (or proxy)

***If you have a high school diploma or a GED do not fill out this section; go to Session Requested.**

Name of Student: _____ **OSIS Number:** - -

School/Program Name: _____ School/Program DBN: _____

Guidance Counselor: _____ Email: _____ @schools.nyc.gov

School/Program Address: _____ Telephone: _____ - _____ - _____ Ext: _____

Reading Grade Level: _____ Math Grade Level: _____ ELL? Yes: __ No: __ Level: _____

Credits Earned Toward Graduation: _____ Anticipated Graduation (month/year): ____/____

For GED students: Anticipated Exam Date (month/year): ____/____

Session requested: AM session (8:30AM-11:00AM) PM session (12:30PM-3:00PM)

Please indicate choices as 1st, 2nd, 3rd

Course offerings are subject to budget, enrollment, and staffing considerations.

- Emerging Careers**
-Basic Computer Maintenance and Repair/Strata (one semester program)
 -Business Skills / Customer Service (one semester program)
 -Carpentry Green Construction (one year program)
 -CISCO Networking Academy (one year program)
 -Data Cabling (one semester program)
 -Early Childhood / Senior Care & Education (one semester course + internship)
 -Pre - Emergency Medical Technician (one semester program)
 -Solar Energy Systems/Electrical (one semester program)
 -Web Page Design & Social Media (one semester program)

- Building Trades**
-Building Superintendents Academy (one semester course + internship)
 -Electrical Installation (one year program)
 -Plumbing (one year program)
 -Welding - gas & electric (one year program)

- Service Industries**
-Automotive Mechanics (one year, or two year program)
 -Culinary Arts (one year program)
 -Introduction to Food Preparation and Catering (one semester program)
 -Unisex Hairstyling /Salon Services (one year program)

I HAVE CAREFULLY REVIEWED AND APPROVED BOTH SIDES OF THIS APPLICATION.

Parent/Guardian signature required for all students regardless of age* _____
Date

Student's Signature _____
Date

Guidance Counselor Signature (HS/GED students only) _____
Date

*** I authorize the release of academic and attendance records to the following City and/or State agencies indicated below, for example, OCFS, OPCA, NYCHA, and/or Community Based Organization.**

Agency: _____ Contact Info: _____

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