

**The New York City Department of Education**  
**School of Cooperative Technical Education**

321 East 96th Street - New York City 10128 -

Phone (212) 369-8800

Mr. ~~William~~ ~~Wolcott~~ Principal

**SPRING 2009**  
**Student Application**

**Student must be 16-21 years of age, be a NYC resident and attend a NYC High School or a GED program (or possess a H.S./GED Diploma)**

Directions: Student must fill out **all** items and sign Part I of this application in the spaces provided.

**\*Parent/Guardian signature is required for all students.**

Do not write in this space,  
for Co-op Tech use only.


Check this box if student is <b>ELL/LEP</b>	<input type="checkbox"/>
Check this box if student has an <b>IEP</b>	<input type="checkbox"/>
Native Language.....	

**PART I - PRINT Clearly all information asked for in the boxes provided**

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

Home Address (Street):  Apt. No:  Borough:

ZIP:  Home Phone:  Date of Birth:  Sex: M  F

E-mail address:

OSIS Number:  Social Security Number:

Parent/Guardian's Name:  Parent/Guardian's Address:

Emergency Contact Person (if different from above):  Relationship:

Emergency Contact Telephone (**must submit**):  Name of Home School (or GED Program):

Enter your current grade here:  Check here if DOE High School/GED Graduate:  First Program Choice:  AM 8:30-11:00  PM 12:30-3:00

Have you ever attended classes at Co-op Tech.? [check one] Yes  No  Year

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature I indicate approval of my child's application:

**\*Parent/Guardian's signature is required for all students :** \_\_\_\_\_ Date: \_\_\_\_\_

**Part II - To be completed by Guidance Counselor: (\*All information must be filled in)**

Name of Student: \_\_\_\_\_ OSIS Number:

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Does Student have an IEP ?:** Yes:  No:  If "yes" enter classification and **send pages one through nine (1-9) of the IEP** with this application: \_\_\_\_\_

Present English Class: (check one)  
 English:  ELL  Level:   Native Language: \_\_\_\_\_ ( If ELL, please indicate in the box on the front of the application also).

**\*Please indicate first, second and third choices (1, 2 or 3).**  
 (Course offerings are subject to budget, enrollment and staffing considerations)

**Business and Computer Skills**

..... Microsoft Office Specialist (one year program)

**Building Trades**

- ..... Air Conditioning and Refrigeration (one or two year program)
- ..... Building Superintendent's Academy (one year program)
- ..... Carpentry - interior & exterior (one or two year program)
- ..... Electrical Installation (one year program)
- ..... Heating and Ventilation (one year program)
- ..... Plumbing (one year program)
- ..... Welding - gas & electric (one or two year program)

**Cosmetology**

- ..... Barbering (one and a one-half year program)
- ..... Cosmetology/Appearance Enhancement (two & one-half year program)]
- ..... Natural Hair Styling (one year program)

**Computer & Electronic Technologies**

- ..... Computer Maintenance and Repair - A+ certification (one year program)
- ..... Computer Networking - CISCO Networking Academy (one year program)

**Other Career and Technical Education Programs**

- ..... Automotive Mechanics (one or two year program)
- ..... Early Childhood Care & Education (one year program)
- ..... Food Preparation and Catering (two year program)
- ..... Pre - Emergency Medical Technician (one semester program)

Most Recent Reading Level: \_\_\_\_\_ Math Course Passed or Recent Math Level: If \_\_\_\_\_

**Does student suffer from any of the following conditions? [Check Y or N]**

- |   |  |
|---|--|
| [1] Asthma or allergies..... [Y] [N]              | [6] Epilepsy or other 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] <b>Taking any medications</b> ?..... [Y] [N]  | [9] Do you wear contact lenses? [Y] [N]      |
| [5] Do you have an artificial limb ?..... [Y] [N] |  |

(\*If you checked "Y" for any of the above please supply current medical documentation from a physician)

\_\_\_\_\_  
**\*Guidance Counselor (or proxy) Signature**  
 (Invalid without official signature)

\_\_\_\_\_  
 Date