

NOTICE OF INTENT OF INTEREST IN A B.O.C.E.S. PROGRAM

Student: _____ Date: _____
Last Name First Name

Counselor: _____ Grade Level: _____ Sex: M F

Diploma Type: IEP NR R AR Graduation Year: _____

Student ID#: ____-____-____ Birthdate: __/__/____

Parent/Guardian Name: (circle one) Mr. & Mrs. Mr. Ms. Phone #: _____

Last Name First Name Relationship if not Parent

Address: _____

Check Selection:

_____ Auto Collision A B _____ Early Childcare Development A B

_____ Auto Technology A B _____ Graphic Comm Design & Photo A B

_____ Building Trades A B _____ New Visions Health A B

_____ Cosmetology A B _____ New Visions Environmental A B

_____ Culinary Arts A B _____ Criminal Justice A B

_____ Allied Health Nurse A B
Assisting & Core

Parent Signature indicating approval:
