



Intake Application

Program Requested:

Course: 1 _____ Alternate: 2 _____ Alternate: 3 _____
 Career and Technical Education Returning Student

The Academy Official Use Only

Please print clearly (one letter per box).

Student's Last Name										Student's First Name										Middle Initial			Sex	
Street Address										Town													M/F	
Zip Code				Apt. No.				P.O. Box				Ethnicity												
												<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other												
Student's Date of Birth						Student's Social Security Number						Area Code						Student's Cell Number						
Month		Day		Year		-		-		-		-		-		-		-		-		-		
Parent's/Person in Parental Relation Last Name										First Initial		Mr. or Ms.		Has your child attended a Summer Career Exploration Program? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Parent's/Person in Parental Relation Cell Number										Emergency Telephone Number														
Area Code		-		-		-		-		-		-		-		-		-		-		-		
Parent's/Person in Parental Relation Email Address																								

I approve of my son's/daughter's participation in The Academy activities. I understand that all student records will be reviewed as per The Academy's admission process. By signing this application, I grant The Academy access to all pertinent information regarding my child, including, but not limited to, recent transcript, attendance and discipline records. Further information on the admission process can be obtained from your child's home district guidance office.

	/	/20		/	/20
Signature of Student		Date	Signature of Parent/Person in Parental Relation		Date

HEALTH STATUS

Medical Hx No Yes If "yes," please specify _____

Immunizations UTD

Other If "other," please specify _____

_____/_____/20

Signature of Registered Nurse Date

TO BE COMPLETED BY COUNSELOR

ATTACH A COPY OF STUDENT'S TRANSCRIPT

Current Grade Session Requested AM PM

Health Pullout Bilingual Services

Specify Language _____

Pursuant to New York State Regulations, please complete the following: *Is the student CSE classified? Yes No

*CSE Classification _____ Is the student eligible for free or reduced price lunch? Free Reduced Price

Testing Modifications Yes No Is the student an English as a New Language Learner? Yes No

District Student ID No. _____

IF CSE CLASSIFIED, PLEASE ATTACH IEP, PSYCHOLOGICAL REPORT, AND VOCATIONAL ASSESSMENT.

By signing this application, the District grants access to the above-mentioned student's IEP electronically, via The Academy's Student Management System.

	/	/20		/	/20
Signature of Counselor		Date	Signature of District Superintendent or Designee		Date

PLEASE RETURN COMPLETED FORM TO THE EASTERN LONG ISLAND ACADEMY OF APPLIED TECHNOLOGY ADMISSIONS OFFICE:
 750 Waverly Avenue, HOLTSVILLE, NY 11742
 Telephone Number 631-419-1629 Facsimile Number 631-240-8974

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