PNW BOCES
PUTNAM | NORTHERN WESTCHESTER
Service and Innovation Through Partnership

Putnam/Northern Westchester BOCES
Career & Technical Education
200 BOCES Drive
Yorktown Heights, NY 10598
(914) 248-2428

NEW STUDENT APPLICATION

STUDENT INFORMATION

STUDENT _____ STUDENT ID# _____

HOME SCHOOL _____ DATE ENTERING DISTRICT _____

DATE OF BIRTH _____ GENDER _____ GRADE _____

COUNTRY OF BIRTH _____ RACE _____ LANGUAGE _____

STUDENT EMAIL _____

HOUSEHOLD INFORMATION

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ PHONE TYPE (check one) ☐ Home ☐ Cell ☐ Work

RESIDENCE TYPE (check one) ☐ Own ☐ Rent ☐ Lease ☐ Trailer Park/Condo Unit

CONTACT INFORMATION

PARENT/GUARDIAN NAME 1 _____

GENDER (check one) ☐ M ☐ F RELATIONSHIP TO STUDENT _____

PHONE NUMBER _____ PHONE TYPE (check one) ☐ Home ☐ Cell ☐ Work

PARENT/GUARDIAN 1 EMAIL _____

PARENT/GUARDIAN NAME 2 _____

GENDER (check one) ☐ M ☐ F RELATIONSHIP TO STUDENT _____

PHONE NUMBER _____ PHONE TYPE (check one) ☐ Home ☐ Cell ☐ Work

PARENT/GUARDIAN 2 EMAIL _____

COURSE INFORMATION

STUDENT'S 1st COURSE SELECTION _____

STUDENT'S 2nd COURSE SELECTION _____

ELL COURSE REQUEST _____

STUDENT I.D.# _____ **DATE** _____

SCHOOL NURSE MEDICAL QUESTIONNAIRE

THIS QUESTIONNAIRE MUST BE COMPLETED BY THE SCHOOL NURSE AND IS A REQUIRED "pdf" ATTACHMENT TO THE ONLINE STUDENT APPLICATION.
Website: https://enrollment.xenegrade.com/pnwboces

STUDENT _____ HOME _____

DOCTOR'S NAME _____ DOCTOR'S TELEPHONE _____

DENTIST'S NAME _____ DENTIST'S TELEPHONE _____

CURRENT CONDITION(S) _____

NAME OF MEDICATION(S) AND DOSAGE _____

DATE OF LAST TETANUS _____ IMMUNIZATIONS UP-TO-DATE? _____

NAME AND TELEPHONE NUMBER IN CASE OF EMERGENCY:

FIRST CONTACT: SECOND CONTACT:

NAME _____ NAME _____

PHONE NUMBER _____ PHONE NUMBER _____

HAS STUDENT HAD ANY OF THE FOLLOWING? IF YES, PLEASE EXPLAIN IN SPACE BELOW:

1.	EPILEPSY OR SEIZURES	☐ Yes	☐ No	IF YES:	GRAND MAL	☐ Yes	☐ No
					PETIT MAL	☐ Yes	☐ No
2.	ASTHMA	☐ Yes	☐ No				
3.	ALLERGIES	☐ Yes	☐ No	IF YES, LIST:	_____		
4.	BEE STING REACTION	☐ Yes	☐ No	IF YES:	INJECTION	☐ Yes	☐ No
					ORAL MEDICINE	☐ Yes	☐ No
					HOSPITAL	☐ Yes	☐ No
5.	DIABETES	☐ Yes	☐ No	IF YES:	INSULIN	☐ Yes	☐ No
6.	HEART DISEASE	☐ Yes	☐ No				
7.	HEAD INJURY	☐ Yes	☐ No				
8.	KIDNEY DISEASE	☐ Yes	☐ No				
9.	HIGH BLOOD PRESSURE	☐ Yes	☐ No				
10.	COLOR BLINDNESS	☐ Yes	☐ No				
11.	PHYSICAL ACTIVITY RESTRICTION	☐ Yes	☐ No	IF YES, LIST:	_____		
12.	SPECIAL CONDITIONS	☐ Yes	☐ No	WHEELCHAIR		☐ Yes	☐ No
				CRUTCHES		☐ Yes	☐ No

Additional Comments:

VISION WITHOUT GLASSES	R _____	L _____	Both _____	GLASSES	☐ Yes	☐ No
VISION WITH GLASSES	R _____	L _____	Both _____	CONTACTS	☐ Yes	☐ No
HEARING	R _____	L _____	Both _____	HEARING AIDS	☐ Yes	☐ No

Signature of School Nurse _____ Date _____

COUNSELOR ASSESSMENT

THIS ASSESSMENT <u>MUST</u> BE COMPLETED BY THE SCHOOL COUNSELOR AND IS A REQUIRED PDF ATTACHMENT TO THE ONLINE STUDENT APPLICATION. Website: https://enrollment.xenegrade.com/pnwboces

STUDENT: _____, _____ **HOME SCHOOL: _____**
(last name) *(first name)*

COUNSELOR: _____ IEP _____

Pattern of academic performance:

Strengths:

Weaknesses:

Career and Technical Interests:

What kind of support and/or educational setting motivates the student?

What situations may possibly promote inappropriate behavior?

Reading: 1. Actual Grade/Performance ____ Math: 1. Actual Grade/Performance ____
2. NYS ELA Score ____ 2. NYS Math Score ____

Limited English Proficiency Yes ☐ No ☐ Major Language Spoken _____
Request ELL Services Yes ☐ No ☐ NYSELAT Scores _____