

OCMBOCES



Committed to Your Success

ALTERNATIVE TO HOMEBOUND PROGRAM APPLICATION

Send completed application to Onondaga-Cortland-Madison BOCES
c/o Susan Peck, 800 Fourth Street, Liverpool, NY 13088
Phone: (315) 451-1061 Fax: (315) 451-1740

PLEASE COMPLETE ALL INFORMATION

Name _____

Student District Number _____ Date of Birth _____

Grade Level _____

Mother's Name _____

Father's Name _____

Student's complete mailing address _____

Parent's Phone Numbers — Home _____ Cell _____

Student Lives with _____

Current School Building _____

School address _____

School phone _____ School fax _____

Guidance Counselor's Name _____ Email _____

Guidance Counselor's Phone # _____ Fax # _____

Reason for Referral: Please attach Superintendent hearing and current discipline records.

Please list exact courses to be tutored including Spanish and PE:

Please indicate how many science lab minute's student has completed. _____

List Regent's exams student will be taking:

January: _____

June: _____

What other state assessments will be given while student is in program? (i.e.; 8th grade ELA)

Please attach student's most recent report card.

Please attach exit grades if student is leaving during the course of a marking period.

Does student qualify for either free lunch _____ or reduced lunch _____?

Does student have an IEP or 504 plan? (Please circle one and attach if applicable)

If the student has an IEP or 504 plan, please list the teacher assigned to monitor student.

Name _____ Email _____ Phone _____

Please list student's annual or triennial review date _____

Duration of Tutoring Placement: Begin Date _____ End Date _____

Date when student should be reviewed to return to district _____

Counselor's Signature _____ Date _____

Principal's Signature _____ Date _____

Please make sure the following have been completed

____ Student's exit grades from home district

____ Most recent Report card

____ Free or reduced lunch form

____ Student's discipline records and Superintendent hearing findings

____ Emergency contact form if possible

____ IEP or 504 plan or psychological report if applicable

Any additional notes regarding student. (Receives counseling, probation etc.)
