

ALTERNATIVE TO HOMEBOUND PROGRAM APPLICATION

Send completed application to Onondaga-Cortland-Madison BOCES c/o Jennie Robb, 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: _____

Please attach student's most recent report card	d.
Please attach exit grades if student is leaving d	luring 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 cir	rcle one and attach if applicable)
If the student has an IEP or 504 plan, please list th	e teacher assigned to monitor student.
NameEmail	Phone
Please list student's annual or triennial review date	<u>}</u>
Duration of Tutoring Placement: Begin Date	End Date
Date when student should be reviewed to retur	n to district
Counselor's Signature_	Date _
Principal's Signature_	Date _
Please make sure the following have been com	pleted
_ Student's exit grades from home district	
Most recent Report card	
Free or reduced lunch form	
_ Student's discipline records and Superintenc	dent hearing findings
Emergency contact form if possible	
IEP or 504 plan or psychological report if ap	plicable
Any additional notes regarding student. (Receives	counseling, probation etc.)