

PRE-UNIVERSITY NEW VISIONS AT ULSTER BOCES

APPLICATION FOR ENROLLMENT 2021-2022

☐ ADVANCED ROBOTICS & ENGINEERING

☐ MUSIC & AUDIO ENGINEERING

☐ HEALTH

☐ EDUCATION

REGISTRATION SUGGESTED DUE DATE: MAY 3, 2021

Please note: classes are filled as applications are received.

Student's Name: _____

Home School: _____

Counselor: _____ Session requested: AM PM

Overall HS average: _____ Date of Application: _____

English 101 Exam Dates-given at CTE: TBD

* * * * *

Career-Tech Use Only:

Essay _____ Interview: Date _____ Time _____

Accepted into New Visions Program _____ Yes _____ NO Session: AM PM

Signature: _____ Date: _____

Driving: _____ Yes _____ No **Passed English 101 college exam** _____

STUDENT SECTION

Name: Last _____ First _____ MI _____

Mailing Address _____ City _____ Zip _____
Physical Address _____ City _____ Zip _____

Student's e-mail address: _____ (**PRINT**clearly) Cell Phone # _____

Date of Birth ____/____/____ Place of Birth _____ Parent/Guardian Phone # _____
City, State, Country

Male _____ Female _____ High School _____ District _____

Grade 9 Entry Date _____ Graduation Date _____ Start Date at CTC _____ Student's High School ID # _____

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 & 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

1. **Is the student Hispanic, Latino or of Spanish origin?** (Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish Culture or origin, regardless of race.)
☐ Yes, Hispanic ☐ No, not Hispanic

2. **Select one or more races from the following five racial groups:** Check (T) all groups that apply to your child.
☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ WHITE

Primary language spoken at home: English ☐ Other ☐ Specify _____

PARENTS: PLEASE FILL OUT THIS SECTION

Emergency Contact Person: _____ **Emergency Phone Number:** _____
Name Relationship

Father's Name and Address: _____
Email: _____ Primary Phone #: _____
Cell Phone #: _____ Work Phone #: _____
* * * * *

Mother's Name and Address: _____
Email: _____ Primary Phone #: _____
Cell Phone #: _____ Work Phone #: _____

REQUEST FOR EMERGENCY TREATMENT AND PROGRAM APPROVAL

Student's Name: _____

- I am the parent/guardian of the above-named student. In case he/she needs emergency treatment and I cannot be contacted, I understand that this treatment will be administered by Health Alliance of the Hudson Valley.
- I approve my child's registration at the CAREER-TECH Center. I am aware that he/she will attend one-half of the day at the CTC Center. My child is permitted to participate in any laboratory shop activity in his/her CTC program. I also agree to supply required uniforms and equipment. Transportation to and from the CTC will be provided as needed.
- As the parent/guardian of the above named child, I consent to the filming, videotaping, audio taping or any other medium of my child's participation and appearance for promotional publications.
- I authorize Ulster BOCES Career & Tech Center to share IEP information with related technical testing agencies in order to arrange for allowable testing modifications for my child for certification tests.
- I request to access my child's grades, attendance, discipline records and class schedule on line by the parent/guardian e-mail listed below. This information will only be made available to the contact listed below with a valid e-mail address and parent/guardian signature and no other confidential information will be made available.

Parent/Guardian: Check one: ____ Father ____ Mother ____ Guardian ____ Other

Student's Signature: _____

Parent or Guardian Signature: _____ Date: _____

INFORMATION THE CANDIDATE & PARENTS NEED TO KNOW

New Visions Programs: are competitive programs seeking highly motivated, academically capable and mature high school seniors who are interested in the career fields listed below. Students attend internships as well as working with professionals in their field. In order to qualify for the New Visions programs, **students must have a minimum overall average of 85 in the core academic classes and must take and pass the English 101 entrance exam**, (exams will be scheduled by CTC). By completing a New Visions program, students can receive four credits which will be applied toward graduation from the home school. In addition, students can register and receive up to 9 college credits in Freshman English 101, 102 and Political Science from Ulster County Community College. The college credits are transferable to most colleges. (In order to qualify for the college English 101 credit the student must pass the Ulster County Community College entrance assessment). All students must register for courses at the college. The cost for the course is reduced for the New Visions students.

New Visions High School credits

2 credits New Visions Program
1 credit Social Studies 12 - Honors
1 credit English 12 - Honors
(+ ½ tech health credit if needed in Health
which would change NV Health to 1½ credits)

- ***Students accepted to the program are expected to adhere to program specific dress code requirements.***
- ***Students accepted to the program are required to attend the orientation night in the Spring in order to receive the information on the required summer reading.***
- ***New Visions Health students are required to submit a complete physical before opening day of school.***

TO THE APPLICANT

1. Give the enclosed teacher evaluation to the respective teacher and ask them to return it promptly to your guidance counselor.
2. Ask the school nurse to fill out the EMERGENCY INFORMATION SHEET.
3. Please write a composition of approximately 250-300 words on one of the following topics:
(Type written format is preferred.)
 1. An Issue I Feel Strongly About
 2. Given the Chance, One Thing (Decision/Action) I Would Do Differently In My Life
 3. One Major Change I Would Make In How My High School Operates
4. Return the application and essay to your school counselor.
5. **All New Visions applicants will be contacted to schedule an interview.**
6. After completed applications are received, students will be scheduled to take the English 101 exam.

FOR SCHOOL COUNSELOR USE

1. Please complete the counselor evaluation section on the application.
2. A teacher evaluation will be forwarded to you by the teacher concerned.
3. Please send the completed packet with the student's transcript (showing 11th grade courses and current year grades), the Emergency Information Sheet and the Teacher Evaluation to the Guidance Office at the Ulster BOCES Career & Technical Center.

Students interested in **NEW VISIONS Programs** should apply for the program in the spring of their junior year. Candidates should:

1. **Have an overall average of 85 or higher in the core academic classes.**
2. Have successfully completed three years of math and three years of science by the end of 11th grade.
3. **Take and pass the English 101 entrance exam (the test will be scheduled by CTE).**
4. Be intending to seek acceptance at a four year college or university or a two year community college.

Please rate the applicant in the following areas. Keep in mind that the student will be compared with other capable college preparatory students, and **if accepted to the program, will be working closely with a variety of professionals.** Maturity and communication skills are extremely important.

Rate Low (1) to High (5) or indicate if "No basis to judge"

	No basis to judge	1	2	3	4	5
Ease with Adults						
Attendance						
Academic Ability						
Self-Motivation						
School/Community Participation						
Verbal Skills						
Writing Skills						
Commitment						
Dependability						
Ability to Work Independently						
Ability to Work in a Group						
Maturity						
Ability to Get Along With Others						

Comments:

Is this student classified by the committee on Special Education? ☐ YES ☐ NO If yes, please enclose updated IEP

Does this student fall under section 504? ☐ YES ☐ NO If yes, please enclose updated 504

Has this student been declassified with support? ☐ YES ☐ NO If yes, please enclose declassification document

Is this student ENL? ☐ YES ☐ NO If yes, please list services

☐ Recommended ☐ Not Recommended Name: _____ (Please Print)

Signature: _____ Date: ____/____/____

TEACHER EVALUATION OF APPLICANT (CONFIDENTIAL)

Check one:

☐ ADVANCED ROBOTICS & ENGINEERING

☐ EDUCATION

☐ MUSIC & AUDIO ENGINEERING

☐ HEALTH

Name of Applicant: _____ School: _____

To the Teacher:

The student whose name appears above is applying for an Ulster BOCES New Visions Program. **This program accepts academically qualified students with a minimum average of 85 in the core academic subjects and are able to pass the Ulster County Community College English 101 Placement Exam.** By completing a New Visions Program, students can receive four credits (credit for the program in addition to credit for their 12th grade English-Honors and 12th grade Social Studies-Honors courses) which will be applied toward graduation from the home school. **In addition, students can register and receive up to 9 college credits in Freshman English 101, 102 and Political Science from Ulster County Community College.** The college credits are transferable to most colleges. **(In order to qualify for the college English 101 credits the student must pass the Ulster County Community entrance assessment).** All students must register for courses at the college. The cost for the course is reduced for the New Visions students.

This is a very competitive program. Your honest assessment of this student will be helpful in selecting the most capable students for this opportunity. Upon completion, please return this form to the student's school counselor. Please rate the applicant in the following areas. Keep in mind that the student will be compared with other capable college bound students, and if accepted into the program, will be working closely with a variety of adult professionals.

Rate Low (1) to High (5) or indicate if "No basis to judge"

	No basis to judge	1	2	3	4	5
Ease with Adults						
Attendance						
Academic Ability						
Self-Motivation						
School/Community Participation						
Verbal Skills						
Writing Skills						
Commitment						
Dependability						
Ability to Work Independently						
Ability to Work in a Group						
Maturity						
Ability to Get Along With Others						

Comments:

Teacher's Name: _____
(please print)

Subject: _____

Teacher's Signature: _____

Date: ____/____/____

TO THE APPLICANT

1. Give the enclosed **Teacher Evaluation** to the respective teacher and ask them to return it promptly to your school counselor.
2. Ask the school nurse to fill out the EMERGENCY INFORMATION SHEET.
3. Please write a composition of approximately 250-300 words on one of the following topics:
(Type written format is preferred.)
 1. An Issue I Feel Strongly About
 2. Given the Chance, One Thing (Decision/Action) I Would Do Differently In My Life
 3. One Major Change I Would Make In How My High School Operates
4. Return the application and essay to your school counselor.
5. **All New Visions applicants will be contacted to schedule an interview and the English 101 exam.**
6. A New Visions Informational Night is scheduled for Thursday, February 18, 2021, 5:00-7:00 PM via Zoom.
7. The New Visions Orientation will be held in the Spring, date TBD.
8. English 101 entrance exam – information to follow.