

- Albany Campus
 Schoharie Campus

**2009-2010
 STUDENT DATA FORM
 Capital Region Career and Technical School**

Date _____

PLEASE COMPLETE ALL SECTIONS

Household
 Student Last Name: _____
 Mailing Address: _____ Apt #: _____
 City: _____ State: NY Zip Code: _____
 Home Phone: _____ Unlisted:

Student
 Last Name: _____ First Name: _____
 Home District Student ID #: _____ Date of Birth: ____/____/____
Ethnic Group American Indian or Alaskan Native Asian Black Hispanic
 Multiracial Pacific Islander White
Gender: M F **Grade Level** in 2009-2010 school year: 9th 10th 11th 12th Ungraded Adult

Parent/Guardian
 Name: _____ Email Address: _____
 Gender: M F Work Phone: _____ Cell Phone: _____
 Emergency Contact Name and Phone: _____

Student Related Status
 Home School Counselor _____ Home School: _____
 Resource Teacher Name: _____
 Resource School Location/Phone: _____
Type of Diploma: IEP Local Diploma Regents Diploma Advanced Regents GED
Is Student Disadvantaged? Academically Economically N/A
Special Education Student? BOCES District 504 Plan No
YOU MUST FORWARD (09-10) IEP, PSYCHOLOGICAL PROFILE and/or 504 PLAN by JULY 1, 2009

Course Request
 _____ Session AM PM
Credit Course Requests: English 12 CTE Math CTE Science CFM A CFM B
Number of Absences in 2008-2009 school year _____

Guidance Counselor or CSE Signature/Phone _____