

Lodging Management Program

Offered through the Capital Region BOCES Career & Technical School

Student Application Form

Name: _____ Date of Birth: _____

Current Grade Level: _____

Home Address: _____ Home Phone: _____

City/Town/State: _____ Zip: _____ Home School: _____

Guidance Counselor: _____

Parent/Guardian Name: _____

Parent/Guardian Work Phone: _____

Qualifications for the Lodging Management Program:

- High school junior or senior, academically on track.
- Communicates sincere interest in the program's career field.
- Positive attendance and behavior patterns.
- Ability to work independently and cooperatively.
- Good communication skills (i.e. writing, speaking, listening).

Requirements for consideration:

1. Completion of this application.
2. Submission of high school transcript including grades of courses currently in progress.
3. Submission of a recommendation by one school official such as a guidance counselor, principal or administrator.
4. If applicable, submission of most recent I.E.P.
5. Students may be contacted for an interview if needed to clarify their application.

Completed application should be mailed to:

Capital Region Career & Technical School

Career Center

1015 Watervliet-Shaker Road

Albany, NY 12205

(518) 862-4816

Fax (518) 862-4818

Home high school guidance counselor's approval:

Counselor's name: _____ Signature: _____ Date: _____

Student's Name: _____

Program Applied For: _____

School Official's Recommendation/Attendance Records/Disciplinary Concerns

Please rate the applicant in the following areas. Keep in mind that the student will be compared with other capable students, and if accepted into the program, will be working closely with a variety of individuals in a professional environment.

	Low					High	
	No basis to judge	1	2	3	4	5	6
Ability to get along with others	_____	_____	_____	_____	_____	_____	_____
Ability to work in a group	_____	_____	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____	_____	_____
Academic ability	_____	_____	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____	_____	_____
Ease with adults	_____	_____	_____	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____	_____
Self motivation	_____	_____	_____	_____	_____	_____	_____
Verbal skills	_____	_____	_____	_____	_____	_____	_____
Writing skills	_____	_____	_____	_____	_____	_____	_____
Organizational skills	_____	_____	_____	_____	_____	_____	_____

Type of **diploma** sought: IEP Local Regents Advanced Regents

Is the student receiving **special education** services? Yes No

Please indicate the number of absences this student has had to-date during this academic year:

of absences: _____

Date of application: _____

Please provide a narrative with supporting or clarifying information for any and all of the above areas. Please include information about **disciplinary concerns**. Feel free to add any material you feel would be helpful in evaluating this applicant.

Name _____ Title _____

Signature _____ Date _____