

# Residential Construction/Heavy Equipment Commercial Construction/Heavy Equipment

Programs of 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 Residential Construction/Heavy Equipment or Commercial Construction/Heavy Equipment:**

- High school junior or senior, academically on track.
- Sincere interest in this program's career fields.
- Positive attendance and behavior patterns.
- Ability to work well independently and cooperatively.
- Good communication skills.

### **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 sent to:**

Guidance Department  
Capital Region Career & Technical School  
174 State Route 30A  
Schoharie, NY 12157  
(518) 295-3000  
Fax (518) 295-3075

### **Home high school guidance counselor's approval:**

Counselor's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Residential Construction/Heavy Equipment or Commercial Construction/Heavy Equipment**

1. Please indicate why you are interested in this program.

2. What do you hope to gain from enrolling in this program?

**Student's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# **School Official's Recommendation/Discipline & Attendance Record**

**(For consideration of admission to the Residential Construction/Heavy Equipment or Commercial Construction/Heavy Equipment program)**

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

	No basis to judge	Low					High
		1	2	3	4	5	
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							

Please indicate # of absences: \_\_\_\_\_

Date of application: \_\_\_\_\_

Type of diploma sought: \_\_\_\_\_ IEP \_\_\_\_\_ Local \_\_\_\_\_ Regents \_\_\_\_\_ Adv. Regents

Is the student receiving special education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_