

Children & Education Career Academy at Cobleskill-Richmondville High 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 Children & Education Career Academy:

- High school junior or senior, academically on track.
- Communicates sincere interest in careers related to children, families and/or education.
- 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:

Children & Education Career Academy at Cobleskill-Richmondville H.S.
1353 State Route 7, PO Box 490
Richmondville, NY 12149
(518) 234-3565, ext. 1245
Fax (518) 234-9006

Home high school guidance counselor's approval:

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

Student's Name:

Program Applied For:

Children & Education Career Academy

1. Please indicate why you are interested in the Children & Education Career Academy.

2. Please list volunteer, work and/or extracurricular activities, and please describe any experiences you have had with children.

Student's signature _____ **Date** _____

Student's Name:
Program Applied For:

School Official's Recommendation/Discipline & Attendance Record

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 young children and adults 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 ___ Adv. 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 any **disciplinary concerns**. Feel free to add any material you feel would be helpful in evaluating this applicant.

Name, title, signature: _____ **Date:** _____