

SUBMIT ALL COMPLETED AND SIGNED APPLICATIONS TO:
AltEd@e1b.org



Alternative Programs Registration Form

- EDGE** (Grades 9 - 12) Located at 1635 East Delavan Avenue, Cheektowaga, NY 14215.
Time: 8:00 a.m. – 2:00 p.m. and 12:00 – 6:00 p.m. (Noon session will finish at Harkness)
Pathway: Art Business Drama Music CTE (Held at an E1B Career and Technical Center)
- Twilight at EDGE** (Evening Academics Only, Grades 10 - 12, 2:00 – 6:00 p.m.)
Located at 1635 East Delavan Avenue, Cheektowaga, NY 14215.

School Contact

Home School _____ Anticipated Start Date _____
Home School Counselor _____
Counselor Email Address _____ Phone # _____ Ext _____
Requested Intake Meeting Date: _____ Time: _____

Student Information

Student Name _____ Home School ID# _____
Current Grade Level _____ Date Entered Grade 9 (if applicable) _____
Identity/Gender M F T Other _____ Date of Birth _____
Hispanic Yes No **Ethnicity** White Black Multi-racial Native American Asian Other

Parent/Guardian Contact

Parent/Guardian 1 _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
Parent Email Address _____

Parent/Guardian 2 _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____
Parent Email Address _____

Student Resides with Both Parents Mother Only Father Only Guardian Other _____
Primary Mailing Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Phone _____ Relationship _____

Student Academics

Projected Graduation Year _____ Diploma Track Local CDOS Regents Adv. Regents SACC

Currently Enrolled in CTE? Yes No Program _____

Free / Reduced Lunch Yes No Attach Document _____

Student has an I.E.P. Yes No Attach Document _____

Student has a 504 Plan Yes No Attach Document _____

Foreign Language Exempt Yes No Attach Document _____

Test Modifications/Exemptions Yes No Student has been Declassified _____ Yes No

Identify all modifications (use separate sheet if necessary).

Safety Net Compensatory Option Extended Time Separate Location Tests Read

Other _____

Required Documents Checklist

Student Name _____

Include the following with application packet:

1. Copy of applicable **School Transcripts** including Summer School (include all schools attended)
2. Copy of current student **Report Card**
3. Copy of current **Course Registration Schedule**
4. Copy of **Discipline Records**
5. Copy of **Attendance Records**
6. Copy of any **Language Proficiency** Transcripts
7. Copy of any information regarding:
 - Probation / PINS**
 - Outside Counseling / Community Services**
 - Special Education Services**
 - Testing Modifications**
8. Copy of the Student's Cumulative **Health History**

9. Identify Highest Regents Exam Score(s) and Number of Times Taken:

Score	Times Taken		Score	Times Taken	
_____	_____	Algebra	_____	_____	Living Environment (Biology)
_____	_____	Algebra 2	_____	_____	U.S. History
_____	_____	English	_____	_____	LOTE (Check if Language exempt <input type="checkbox"/>)
_____	_____	Earth Science	_____	_____	Other Exam
_____	_____	Geometry	_____	_____	Other Exam
_____	_____	Global History	_____	_____	Other Exam

10. Indicate the number of science Lab Minutes completed below:

Science Course _____ Lab Minutes Completed _____
 Science Course _____ Lab Minutes Completed _____
 Science Course _____ Lab Minutes Completed _____

11. Student is eligible for 4 + 1 Pathway Yes No List Pathway _____

12. Student is eligible for an Approved Alternate Examination for a Local or Regents Diploma Yes No
 Please list the approved examination and score _____

13. Total High School Credits to date (if applicable) _____ Credits still needed to Graduate _____

Student Characteristics Survey

Student Name _____

Check the Characteristics You Believe Apply to the Student:

- Frequently absent from school
Frequently skips class
Withdrawn
Easily influenced by peer group
Tends toward negative leadership
Possible user of drugs and/or alcohol
Lack of interest in school
Feels picked-on or bullied
Frequently uses vulgar language
Sometimes resorts to fighting
Difficulty relating to adults
Difficulty relating to peer groups

Identify goals you feel E1B staff should work towards with this student:

- 1. _____
2. _____
3. _____

Tell Us About the Student's Interests below:

- Art
Business
Career and Technical Education (Program _____)
Drama
Music

Identify any extracurricular activities or outside interests the student may have:

- 1. _____
2. _____
3. _____

REQUIRED The below acknowledgment must be confirmed and signed by the referring administrator from the building or district.

To the best of my knowledge, the information included in this application and all accompanying documentation is complete and accurate.

Print Name Date
Signature Title

For E1B Office Use Only

Intake Completed Date Application is Complete YES NO
Student/Parent Sign-Off Forms Completed
Mode of Transportation Private School Bus Public Transportation Walking/Bike
Drop off Bus Assignment #
Pickup Bus Assignment #
Transportation Phone #
Alternate After School Location
Projected Student Start Date

Signature E1B Administrator / School Counselor Date