

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



## Alternative Programs Registration Form

- Middle Tech** (Grades 7 and 8, 7:30 a.m. - 2:30 p.m.)  
Located at the E1B Learning Center, 675 Potters Road, West Seneca, NY 14224.
- EDGE** (Grades 9 - 12) Located at 1635 East Delavan Avenue, Cheektowaga, NY 14215.  
Time:  8:00 a.m. - 2:30 p.m.  12:00 - 6:15 p.m. (Noon session will finish at Harkness)  
Pathway:  Art  Business  Drama  Music  CTE (Held at an E1B Career and Technical Center)
- Twilight** (Evening Academics Only, Grades 10 - 12, 2:45 - 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:

- Checkboxes for characteristics: 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:

- Numbered lines for identifying goals.

Tell Us About the Student's Interests below:

- Checkboxes for interests: Art, Business, Career and Technical Education (Program \_\_\_\_\_), Drama, Music.

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

- Numbered lines for identifying extracurricular activities.

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.

Signature lines for administrator and title.

\*\*\*\*\* For E1B Office Use Only \*\*\*\*\*

Intake Completed Date, Application is Complete, Student/Parent Sign-Off Forms, Mode of Transportation, Drop off Bus Assignment #, Pickup Bus Assignment #, Transportation Phone #, Alternate After School Location, Projected Student Start Date.

Signature E1B Administrator / School Counselor, Date