

**Monroe #1 BOCES**  
**Cooperative Summer School**  
**ALL INFORMATION BELOW IS REQUIRED**

STUDENT INFORMATION		CONTACT INFORMATION	
First Name		Name of Parent Guardian	
Last Name		Address	
District ID		Address2	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	City	
DOB		State	
Last Grade completed	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	NY	
District		Zip	
School		CellPhone	
Ethnicity	Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/>	WorkPhone	
	Native American <input type="checkbox"/> Multi Ethnic <input type="checkbox"/>	HomePhone	
	Pacific Hawaiian <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/>	LivesHere	YES <input type="checkbox"/> NO <input type="checkbox"/>
Site	Penfield HS <input type="checkbox"/> East Irondequoit MS <input type="checkbox"/>	Mail to	YES <input type="checkbox"/> NO <input type="checkbox"/>
ELL Student	YES <input type="checkbox"/> NO <input type="checkbox"/>	Interpreter needed	YES <input type="checkbox"/> NO <input type="checkbox"/>
Primary Language		Course(s) requested:	
Transportation	District <input type="checkbox"/> Parent <input type="checkbox"/> Student Driver <input type="checkbox"/> Walker <input type="checkbox"/>		
Student Status	504 <input type="checkbox"/> Declass <input type="checkbox"/> IEP <input type="checkbox"/> None <input type="checkbox"/>		
Test Accom	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Behavior Plan	BIP <input type="checkbox"/> FBA <input type="checkbox"/> NONE <input type="checkbox"/>	Comments:	
Counselor Phone #			
Attendance Problems	YES <input type="checkbox"/> NO <input type="checkbox"/>		

**This document must be signed by either a counselor or school principal to be valid.**

**Scan and email this form to: [boces\\_cooperative\\_summer\\_school@boces.monroe.edu](mailto:boces_cooperative_summer_school@boces.monroe.edu)**

Date

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 Counselor/principal signature