

INFORMATION REQUIRED FOR REGIONAL SCHOOL APPLICATION

***STUDENT INFORMATION**

SCHOOL YEAR _____

DISTRICT STUDENT ID: _____ NYSSIS #: _____
 STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____
 HOME PHONE: _____ STUDENT CELL: _____ BIRTH DATE: _____
 EMAIL ADDRESS: _____

***CONTACT INFORMATION**

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____
 Relationship: _____
 Parent/Guardian Address: _____
 State: _____ City: _____ Zip Code: _____
 Cell Phone: _____ Home Phone: _____ Email Address: _____

***SCHOOL INFORMATION**

Attending District: _____ District to be Billed: _____
 Attending School: _____
 ESL Level: N/A Entering Emerging Transitioning Expanding Commanding
 Diploma Status: Advanced Regents Regents SAC CDOS Credentials TASC Local
 Current Grade Level: _____ Free/Reduced Lunch Yes No 504 Plan Yes No
 Disabled/IEP Yes No Disadvantaged Yes No Does the applicant attend another BOCES school? Yes No
 Declassified Yes No If yes, please indicate which school: _____

Verify with check mark , that copies of all these items listed below are attached in order to complete application.

- Attendance Records Health & Immunization Records Report Cards Transcript Psychological IEP (1 copy) Vocational Assessment 504 Accommodation
 Supplemental Information Form Declassification Discipline History

***CTE PROGRAM PATHWAY**

List program preference 1-3 and then check major within

- Performing Arts**
 Drama Musical Theatre Vocal Performance Digital Music
 Instrumental Performance Concert Dance Commercial Dance
- Production and Media Arts**
 Special Effects Directing & Stage Management
- Visual and Media Arts**
 Fine Arts Film Digital Media
- Sonic Arts**
 Game Design
 Expressive Arts & Human Development

***AUTHORIZED SIGNATURES**

HS Nurse Name _____ HS Nurse Signature _____
 HS Counselor's Name and Telephone # _____ HS Counselor's Signature _____
 School Official Name _____ School Official Signature _____
 Parent/Guardian Name _____ Parent/Guardian Signature _____

***PLEASE ANSWER ALL FIELDS TO SUBMIT APPLICATION.**

Recent Report Card and Official Transcript must be attached.
Once all signatures and paperwork is obtained, please mail to:
 Long Island High School of the Arts
 239 Cold Spring Road
 Syosset, New York 11791

**FOR PROGRAM SPECIFIC INFORMATION,
PLEASE CONTACT:**

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