DISTRICT STUDENT ID:	DU LO INF	ORMATION REQUIRI	ED FOR REGIO	ONAL SCHOOL APPLICATION	
STUDENT FIRST NAME:				SCHOOL YEAR	
HOME PHONE: STUDENT CELL: BIRTH DATE: EMAIL ADDRESS:					
PARLA ADDRESS: *CONTACT INFORMATION Parent/Guardian First Name: Parent/Guardian Last Name: Relationship: Parent/Guardian Last Name: Parent/Guardian Address:					
*CONTACT INFORMATION Parent/Guardian First Name:				BIRTH DATE:	
Parent/Guardian First Name: Parent/Guardian Last Name: Relationship: Parent/Guardian Address: State: City: State: City: Zip Code: State: City: Zip Code: Email Address: Cell Phone: Home Phone: Email Address: *SCHOOL INFORMATION Attending District: District to be Billed: Attending Schoot: Est. ESL Level: N/A Entering Diploma Status: Advanced Reperts OBS Disabled/IEF Yes: No 504 Plan C*s: Disabled/IEF Yes: No Does the applicant attend another BOCS school? Ves No Disabled/IEF Yes: No Does the application. Disabled/IEF Yes: No Desche application. Parent/Guardiane Reord: Basing: Carlies (Danamination Reord: Desche application. Disabled/IEF Yes: No Desche application. Parent/Guardiane Reord: Carlies (Danamination Reord: Desche application. Attendings Rehoma: Belinits Immunitation Reord:	EMAIL ADDRESS:				
Relationship: Parent/Guardian Address: State: City: Zip Code: State: City: Zip Code: Cell Phone: Home Phone: Email Address: *SCHOOL INFORMATION Attending District: District to be Billed:		*CONTACT INF	FORMATION		
Prenty/Gurdian Address:	Parent/Guardian First Name:	P	arent/Guardian La	st Name:	
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Coll Phone: Home Phone: Email Address: *SCHOOL INFORMATION Attending District: District to be Billed: Attending School: District to be Billed: ESL Level: N/A Entering Diadvanced Regents SAC CODS Credentials Disbabled/IEP Yes No Disadvantaged Yes No Disadvantaged Yes No Disadvantaged Yes No Disadvantaged Yes No Declassified Yes No Verify with check mark of that copies of all these items listed below are attached in order to complete application. Supplemental Information form Declassified IPP (copy) Visational Assessment Disd Accommodation Supplemental Information form Poletadsfichule Hintory Instrumental Performing Ats Poletadsfichule Hintory Instrumental Performace Connert Dance Dimenticial Bane Sonic Atts Stage Management Sonic Atts Human Development *AUTHORIZED SIGNATURES Nodo Official Name School Official Signature <t< td=""><td>Parent/Guardian Address:</td><td></td><td></td><td></td></t<>	Parent/Guardian Address:				
SCHOOL INFORMATION Attending District: District to be Billed:	State:	City:		_ Zip Code:	
Attending District District to be Billed:	Cell Phone:	Home Phone:		_ Email Address:	
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Declassified Yes No If yes, please indicate which school: Verify with check mark d', that copies of all these items listed below are attached in order to complete application. Item dance Records Health & Immunization Records Report Cards Transcript Psychological IIP (1 copy) Vocational Assessment 504 Accommodation Supplemental Information Form Declassification Discipline History Vocational Assessment 504 Accommodation Performing Arts *CTE PROGRAM PATHWAY List program preference 1-3 and then check major within Special Effects Directing & Stage Management Instrumental Performace Concert Dance Commercial Dance Sonic Arts Sonic Arts Game Design Expressive Arts & Human Development *AUTHORIZED SIGNATURES HS Nurse Name HS Nurse Signature HS Counselor's Signature HS Counselor's Signature School Official Signature FOR PROGRAM SPECIFIC INFORMATION, PLEASE CONTACT: Preent/Guardian Name Parent/GuardianSignature FOR PROGRAM SPECIFIC INFORMATION, PLEASE CONTACT: Recent Report Card and Official Transcript must be attached. PLEASE CONTACT: Erica Giglio Pac S19 Cold Spring Road Soltaned, please mail to: Stale 622-5670 Stale 622-5670 </td <td>Current Grade Level:</td> <td> Free/Reduced Lunch</td> <td>⊖Yes ⊖No 504 1</td> <td>Plan 🔿 Yes 🔿 No</td>	Current Grade Level:	Free/Reduced Lunch	⊖Yes ⊖No 504 1	Plan 🔿 Yes 🔿 No	
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Syosset, New York 11791	Long Island High School of the Arts				
	239 Cold Spring Road			516-622-5670	
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