



Date

3589 Big Ridge Road  
 Spencerport, NY 14559  
 (585) 352-2473



Enrolling Party

When complete, please email form to:  
[ctecounseling@monroe2boces.org](mailto:ctecounseling@monroe2boces.org)  
 Fields outlined in red are required

**Student**

First Name	Gender	Date of Birth	
Middle Initial		Hispanic	
Last Name		Race	White      American Indian or Alaskan Asian      Native Hawaiian/Other Pacific Islander Black or African-American <i>Check all that apply</i>

**Parent or Guardian 1 (Primary Contact)**

First Name	Email Address	Relationship
Middle Initial	Cell Phone #	Receives Mail
Last Name	Work Phone #	Can Pick-up
Gender	Home Phone #	Lives with
	Primary Language	

**Address**

House #	Address	Unit #
City	State	Zip Code

**Contact 2**

First Name	Email Address	Relationship
Middle Initial	Cell Phone #	Receives Mail
Last Name	Work Phone #	Can Pick up child
Gender	Primary Language	Lives With

Same address info as Parent/Guardian 1

House #	Address	Unit #
City	State	Zip Code

**Student Enrollment Information** Academic Year

District of Residence

Attends school at: (District high school, BOCES 2 program, private school, etc.)

Grade Level for indicated academic year	Does the student have a:	Health Plan	Safety Plan	Gender Support Plan
		<i>If applicable, please email supporting documents to: <a href="mailto:ctecounseling@monroe2boces.org">ctecounseling@monroe2boces.org</a></i>		

Student ID # (District ID)

Classified	Classification	DeClassified	Former Classification
504 Plan	<i>IEP or 504 plan must be shared via <a href="#">IEP Direct</a> through PPS office. Please email declassifications, FBA's or BIP's (if applicable)</i>		
ELL	Native Language	month/year of NYSESLAT	

Requested Course/Session

<b>WEMOCO Academic Course Offerings:</b>	English 12	Math 3	Science 3	Health	PE	SS
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Please check WEMOCO Course Offering listing for relevant Academic credit

**Comments**