



CAREER AND TECHNICAL EDUCATION STUDENT ENROLLMENT FORM

School Year:

Return completed form to your School District Counseling Office.

Student Information	
Student Name (Last, First)	
CTE Program – First Choice	
CTE Program – Second Choice	
School District	
District Guidance Counselor Name	

Parent/Guardian and/or Emergency Contact	Relationship	Phone Number	Contact Order (Identify who we should call first, second, etc.)

I grant permission for my student, _____, to enroll in the Career and Technical Education program listed above. I acknowledge that I have reviewed and understand the St. Lawrence-Lewis BOCES Student Handbook and Code of Conduct Summary.



Visit <https://www.sllboces.org//career-technical-education/forms-resources> or Scan QR Code for digital Handbook & Code of Conduct Summary.

If you require a physical copy, please contact our CTE office at 315-386-4504.

Signatures and Dates	
Student (Print & Sign)	Date
Parent/Guardian (Print & Sign)	Date



CAREER AND TECHNICAL EDUCATION PARENTAL PERMISSIONS FORM

School Year:

Return completed form to your School District Counseling Office.

Student Information	
Student Name (Last, First)	
CTE Program	

Parent/Guardian Contact Information	
Parent/Guardian Contact Name	
Relationship	
Phone Number	

By signing this form, I grant permission for my student, _____, to:

1. Participate in regularly scheduled CTE program activities, including field trips, work-based learning experiences, and career-related opportunities facilitated by CTE staff, unless I notify the CTE office in writing to decline such permissions.
2. Be photographed or recorded for use in school publications, news releases, social media, presentations, and the St. Lawrence-Lewis BOCES website for the purpose of promoting Career and Technical Education programs.

I acknowledge that I have reviewed and understand the St. Lawrence-Lewis BOCES Student Handbook and Code of Conduct Summary.

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Signatures and Dates	
Student (Print & Sign)	Date
Parent/Guardian (Print & Sign)	Date