

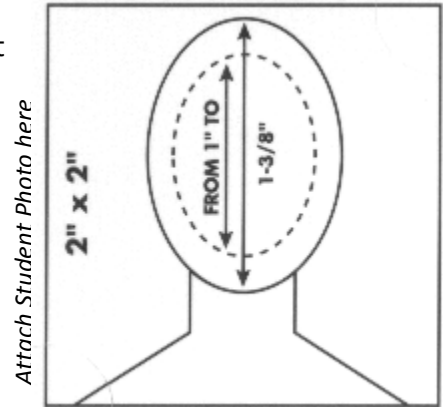
# TST BOCES

TOMPKINS • SENECA • TIOGA

## REGIONAL SUMMER SCHOOL EXAMS

Application form to take the August 2019 NYS Regents or RCT Exams  
(Without participating in the TST BOCES Summer Program)

Return completed form to your child's school counselor. Counselors must submit all registrations through an online portal. **To have this application processed, a clear picture MUST be attached to this form and a valid picture ID must be shown to gain entry to the exam.** Cell phones, smart watches, etc. are not permitted in exam areas. Regents test scores and answer sheets will be sent to your district.



School District: \_\_\_\_\_

Grade in 2018-19: \_\_\_\_ Student ID: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(First) (M.I.) (Last) (DOB: MM/DD/YYYY)

Home Address: \_\_\_\_\_  
(Street) (City) (Zip code)

Parent/Guardian Name(s): \_\_\_\_\_  
(First) (Last) (Relationship to Student)

Parent/Guardian Phone: \_\_\_\_\_  
(Home) (Cell) (Work)

Parent E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Phone #) (Relationship to Student)

Student Cell # (HS only) \_\_\_\_\_

1. Does student have an Individualized Education Plan (IEP), Behavior Intervention Plan (BIP), and/or 504 Plan? Yes / No (Circle One)

**(Copy of IEP, BIP and/or 504 must be uploaded to SIS Registration by June 28<sup>th</sup>)**

2. Is the student designated as ENL/MLL? Yes / No (Circle One)

**(Copy of NYSESLAT scores must be uploaded to SIS Registration by June 28<sup>th</sup>)**

3. Does student have a medical condition we should be aware of? If yes, explain on back.

Reason for taking exam: \_\_\_ Failed **or** \_\_\_ Passed with a \_\_\_ and want to obtain a higher grade

Test selection(s):

\_\_\_\_\_  
(1<sup>st</sup> choice)

\_\_\_\_\_  
(2<sup>nd</sup> choice)

\_\_\_\_\_  
(3<sup>rd</sup> choice)

**Code of Conduct Agreement:** Signing below indicates student and parent/guardian have read and agree to the code of conduct. Applications will not be accepted without signatures.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date of Application