



ULSTER COUNTY BOCES
STUDENT SELECTION SHEET
STUDENT VISITATION DAY

Monday, March 2, 2020 (Snow Date – Tuesday, March 3, 2020)

Student Name: _____ Grade: _____ School: _____

Address: _____

Dear Student:

Visitation day at the BOCES Career-Tech Center has been set for Monday, March 2, 2020. You will attend two programs of your choice. During the visit to the second program you will receive a tour of the Career-Tech Center. New Visions Careers Exploration students will choose only one program. Your school will provide transportation to and from the Career-Tech Center.

In case of inclement weather, if the Career & Technical Center is closed on March 2nd, the snow date will be March 3rd. If the Career & Technical Center has a two hour delay on March 2nd, we will have the visitation for the PM session for those schools scheduled. The AM visitors should come on March 3rd and the current AM students should be held at the home schools that morning. If your district is closed on March 2nd but we are open, please send your visitors on March 3rd and retain your current students at the home high school that day.

Career & Tech Programs:

Auto Collision Technology
Automotive Technology
Aviation/Drone
CISCO & Cyber Security
Criminal Justice
Culinary Arts
Robotics & Advanced Manufacturing
Digital Design & Programing
Early Childhood Education
Electrical Construction
Fashion Design & Merchandising
Graphic & Visual Arts
Heating, Ventilation & Air Conditioning
Health Occupations Exploration
Licensed Cosmetology
Motorcycle/Turf Management
Music Production
New Visions Advanced Robotics & Engineering (**seniors only**)
New Visions Education (**seniors only**)
New Visions Health (**seniors only**)
New Visions Music & Audio Engineering (**seniors only**)
Nurse Assisting (**seniors only**)
Web-Based Entrepreneurship & Business
Welding
Transitional Occupations Program (*only your School Counselor can assign this program.*)

Your choice of Programs to visit:

First Program: _____ Second Program: _____

Parent Signature

Guidance Signature

PLEASE BRING THIS SHEET WITH YOU WHEN YOU GET OFF THE BUS.

ONTEORA CENTRAL SCHOOL DISTRICT

Field Trip Permission Slip and Parental Consent

My child, _____, has permission to participate in a school-sponsored educational field trip to

Name of Student

ULSTER BOCES CAREER & TECHNICAL CENTER, PORT EWEN

Location Of Field Trip

Transportation will be provided by Onteora Central School, Students will leave on 3/2/20 at 10:45
Date Time (AM/PM)

**(snow date 3.3.20 same times)

*and are expected to return to Onteora HS on 3/2/20 at approximately 2:25 pm
School Location Date Time (AM/PM)

____ Students are expected to leave prior to the normal start of school and must be transported by parents to school that day.

____ Students must be picked up by parents at school upon return from the trip.

☒ The field trip falls within the normal hours of the school day. No special transportation arrangements to or from school are necessary.

____ Students are expected to bring bag lunches.

☒ Students may pick up lunches before they leave @ 10:40 to bring on the bus.

The trip will be chaperoned by Brian Schaffer
Name(s) of Staff Member(s)

****PARENT/GUARDIAN --- PLEASE COMPLETE THE REQUIRED HIGHLIGHTED INFORMATION****

***** ADMINISTRATIVE POLICY PROVIDES PERMISSION SLIPS MUST BE
RETURNED NO LATER THAN 2.21.20 TO THE GUIDANCE OFFICE*****

*******NO EXCEPTIONS*******

****Emergency Contact Information****

In the event of an emergency on the day of this field trip, please contact _____
Name of Parent/Person In Parental Relation

at _____ or at the following alternate telephone number _____
(Area Code) Telephone Number (Area Code) Telephone Number

****Medical Information****

Name Of Family Doctor: _____ Doctor's Telephone Number: _____
(Area Code) Telephone Number

Will your child need to take any medications on the trip? If yes, what medication? _____

Describe any health condition your child may have such as asthma, diabetes, bee sting, seizure disorder, food allergies, etc. and any special needs for the field trip: _____

****SIGNATURE****

*******PLEASE SIGN ON BOTH SIDES OF THIS FORM*******

Parent / Person in Parental Relationship

Date