

Name: \_\_\_\_\_

# H.S. Application Draft

## Due: Nov. 12<sup>th</sup>, 2021

### 5 HIGH SCHOOL PROGRAM CHOICES

Write 12 programs in your true order of preference below. Write down the program code, program name, and school name for each program. **DO NOT INCLUDE SPECIALIZED HIGH SCHOOLS HERE.**

Choice Order	Program Code	Program Name	School Name
1	M 3 4 A	Science, Technology, Engineering and Mathematics	Chambers Street High School
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

### 6 REQUIRED SIGNATURES

Applications must be signed. Applications that are not signed will not be processed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

**For School Use Only:** School Counselor – review all information on this application and make any changes as needed in ATS, STARS, and/or SEMS. Please note that a copy of this application must be retained for six years including the year of application per Chancellor's Regulation A-820 and NYSED Records Retention and Disposition Schedule ED-1.

School Counselor Name (print) \_\_\_\_\_ Phone Number \_\_\_\_\_

School Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_