



CCC Online Course Student Intake and Agreement

This section is to be completed by the School Counselor and High School Principal:

School Year 20____ - 20____ Session: Fall Winter Spring Summer

Student's Name _____ Date of Birth _____ M F County Student Resides In _____

Student's Mailing Address _____ City _____ State _____ Zip Code _____

Name of School District _____ Student's Home Phone _____ Student has taken a CCC course(s) already:
 Yes No

Grade Level for Enrollment _____ Year Expected Year to Graduate _____

Course(s) Title _____

Free/Reduced Lunch Yes No IEP Yes No 504 Plan Yes No

Name of Counselor (please print)

Name of Principal (please print)

Signature of Counselor (please sign) Date

Signature of Principal (please sign) Date

This section to be completed and signed by the student then signed by parent/guardian:

1. Do you have a working computer at home that is accessible to you? Yes No
2. If you have a home computer, indicate the type. PC Mac Chromebook Other
*NOTE: Tablets and iPads are not recommended as downloading software may be required.
3. Do you have the Internet at home? Yes No *Dial Up access is not recommended for online learners.
4. Do you have Internet access at school? Yes No
5. Do you agree to report to your online school facilitator to discuss and demonstrate your online progress? Yes No
6. You are required to follow the due dates of the assignments within the course. Do you understand that the due dates for your online course(s) are to be adhered to and are non-negotiable? Yes No

Name of Student (please print)

Name of Parent (please print)

Signature of Student (please sign) Date

Signature of Parent (please sign) Date

Student's Cell Phone

Telephone Number of Parent/Guardian

Student's Primary Email

Preferred method of parent/guardian contact (check one)
 Telephone
 Email _____

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