

For more information about the application process or the school, including directions, as well as up-to-date information about any changes to the information session schedule due to inclement weather, visit techvalleyhigh.org or call (518) 862-4960.

Tech Valley High School welcomes your application for the freshman class of the 2019-20 school year. We are committed to enrolling a diverse student population that reflects the general population within the geographic area served by Questar III and Capital Region BOCES.

December 2018 - February 2019

Parent-student information sessions will be held at the locations listed below. Attendance at one session is a requirement.

Feb. 15, 2019

A completed and signed application must be submitted to the middle school counselor's office in the student's district of residence.

March 9, 2019

Schools must submit applications to TVHS by 5 p.m.

March 15, 2019

TVHS will conduct a lottery if the number of applications received exceeds the number of openings. For details about the lottery, visit http://www.techvalleyhigh.org/admissions

Late-March 2019

The names of the students selected in the lottery will be sent to each school district followed by a letter to the student's parent.

Requirements to Apply

Please be certain all requirements are addressed before submitting the application.

- Student must currently be enrolled in school and on track to meet all requirements for a successful completion of the school year.
- Student must meet with his/her middle school counselor to discuss his/her application.
- Student and parent/guardian must attend a Parent-Student Information Session before filling out the application.
- Student must complete the application form and submit it to his/her middle school counselor by February 15, 2019.

Admissions Policy

In order to attain a gender-balanced, diverse student population and representation from as many of the school districts located in the area served by Questar III and Capital Region BOCES as possible, the Tech Valley High School admissions process is designed to be open to all school districts and families in the region.

Tech Valley High Parent-Student Information Sessions						
Date	Place	Address				
Monday, Dec. 10, 2018, 6-7:30 p.m.	Tech Valley High School	246 Tricentennial Drive, Albany, NY				
Thursday, Jan. 10, 2019, 6-7:30 p.m.	Tech Valley High School	246 Tricentennial Drive, Albany, NY				
Wednesday, Jan. 23, 2019, 6-7:30 p.m.	Tech Valley High School	246 Tricentennial Drive, Albany, NY				
Thursday, Jan. 31, 2019, 6-7:30 p.m.	Hudson Jr. High School	215 Harry Howard Ave., Hudson, NY				
Tuesday, Feb. 12, 2019, 6-7:30 p.m.	Tech Valley High School	246 Tricentennial Drive, Albany, NY				

Tech Valley High School, Questar III and the Capital Region BOCES do not discriminate on the basis of race, color, national origin, sex, disability, or age in programs, activities, employment, and admissions; and provide equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Robert Zordan, compliance officer/coordinator, at robert.zordan@neric.org, (518) 862-4910 or 900 Watervliet Shaker Road, Albany, NY 12205. Inquiries concerning the application of the Capital Region BOCES non-discrimination policies may also be referred to the U.S. Department of Education, Office for Civil Rights (OCR), 32 Old Slip, 26th Floor, New York, NY, 10005, telephone (646) 428-3800 (voice) or (800) 877-8339 (TTY).



Please be certain all five requirements listed below are addressed before submitting the application. Please check off each requirement and include the requested information.

 Student must currently be enrolled in of the school year. School Counselor 				•			
Counselor's email address:							
Student must complete the application	form and submit the compl	eted form to the mid	ddle school counselor.				
• Parents must attend a Parent-Studer	Date attended:						
• Student must attend a Parent-Studen	D	Date attended:					
• Student must meet with his/her school counselor to discuss their		eir application.	application. Date met:				
Please submit completed and signstidence by the February dead				he disti	rict of		
Please Type or Print Neatly							
Student's Name:		Gender: M F	Student's Birth Date:	:	1	1	
Last	First MI		Month	Day	Year		
udent's Current School of Attendance:		Grade:	Grade:				
Student's Current School District of Residence: Name of Primary Parent/Guardian:							
Parent/Guardian Mailing Address:							
	Street	City	State		Z	ip Code	
Parent/Guardian Home Phone Number:		Parent/Guardian V	Vork Phone Number:				
Parent/Guardian Cell Number:		Parent/Guardian E	:mail:				
Signed:	Date:	Signed:		Date:			
Parent's/Legal Guardian's Signature		:	Student's Signature				
	Authorized District	t Personnel Onl	у				
Print:		Email address:					
Authorized Guidance Counselor, Principal or	Superintendent of School District						
Signed:		Date:					
Guidance Counselor, Principal or Superinten	dent of School District						