

NEW YORK SECONDARY ASSOCIATION OF SkillsUSA NEW YORK
CSE Participation Form

NAME: _____ AGE: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

PHONE: (____) _____ COMPETITION: _____

CAREER CENTER or TECH SCHOOL: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

CAREER CENTER or TECH SCHOOL PHONE: (____) _____

ADVISOR: _____ email: _____

Qualifications for Eligibility as a Contestant in a CSE Competition

- NOTE: All information is kept confidential.
- **FORMS ARE TO BE** Brought to the orientation meeting the night before competitionj

CANDIDATE:

- Must be an active SkillsUSA New York member.
- Has an IEP.

TO PARENTS or GUARDIAN: Having your son or daughter participate in a NYS SkillsUSA competition is a wonderful and rewarding experience, both for them and for SkillsUSA. These competitions are part of their SkillsUSA club activities and are presented as a skills challenge. Understanding that all competitors in a CSE competition are SkillsUSA members and students participating with an IEP is necessary in maintaining a properly produced and judged competition. Thank you for helping SkillsUSA to certify a high level of responsibility for your student.

Signed: _____
Parent or Guardian

TO CTE PRINCIPAL or DIRECTOR: It is essential that you be aware of the importance of the CSE/IEP contest and the student's participation and requirements. Only students with IEPs may compete. Your signature assures that the above student meets all requirements.

Signed: _____
Principal or Director

TO ADVISOR: Your signature assures that you have registered the above student in the appropriate CSE competition and that this student has an IEP.

Signed: _____
Advisor