Childhood/Early Childhood Education  
Block I Application Form for Fall 2016  

Please complete this form and contact your advisor for further direction. Application deadline is Friday, March 18th.

Name: ___________________________________________ Student ID Number ________________________________________  
(There can be found on Bear Paws or Bear Den.)

Local Phone Number: _______________________________ What town will you be living in during Block I?______________________________

SUNY Potsdam e-mail address: __________________________ Present overall GPA: ___________________  
(Advisor, please verify.)

1. Have you taken EDLS 201- Principles of Education? _______ Grade ________________  
Are you presently enrolled in EDLS 207- Early Childhood Literacy? _______ or If you’ve completed EDLS 207, what grade did you receive? ________________

**NOTE: EDLS 314 may be a Monday or Wednesday evening class.

2. Do you have any personal connections with any teachers, faculty, staff or administrators, or did you attend or graduate from any of the following schools?  
   Yes No  
   Heuvelton Central School ___________ ___________ Lisbon Central School ___________ ___________  
   Ogdensburg City Schools ___________ ___________  

If you answered, “Yes” to any of the above, please explain.  
________________________________________________________________________________________________________

3. Participants in Blocks are responsible for their own transportation. If you plan to carpool please list the name (s) of those riding together.  
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Important:  
Eligible students will be registered into Block I for Fall 2016. Refer to Bear Den or Bear Paws to verify registration by mid April.

**NOTE: Students who do not meet the gate requirements (pre-requisites as well as required GPA) prior to the beginning of Block I will be dropped from Block I courses.

Advisor’s Signature ______________________________________ Date __________________________

Block I Student’s Signature ________________________________ Date __________________________

(Your signature indicates that all information entered on this form is accurate and correct.)