

BLIND BROOK-RYE UNION FREE DISTRICT SCHOOL

APPLICATION FOR ADMITTANCE TO SCHOOL

To be completed by child's parent or legal guardian. Complete entire form.
PLEASE PRINT LEGIBLY

Date of Application: _____

1. Name of Child: Last _____ First: _____ Middle: _____

2. Sex: Male Female

3. Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

4. Previous Address: _____ **Number of Years:** _____

5. Blind Brook School to be Attended: _____ **Grade:** _____ **Start Date:** _____

6. Home Telephone (required): () _____ **Home Language:** _____

7. Date of Birth: Month: _____ Day: _____ Year: _____ **Multiple Birth** _____

Birthdate Verified by: Birth Certificate Passport Baptismal Other

8. Location of Birth: City: _____ State: _____ Country: _____

9. Is the child Hispanic, Latino or of Spanish origin? Yes No

10. Race: American Indian/Alaskan Native Asian/Pacific Islander Black White Multiracial
If Multiracial is selected, then 2 or more of the following must be selected:

American Indian/Alaskan Native Asian/Pacific Islander Black White
(TO BE USED FOR STATISTICAL PURPOSES ONLY, AS REQUIRED BY LAW)

11. Has child previously attended Blind Brook USFD schools? Yes No

Dates: _____ Grade(s) Attended: _____

12. Previous School & District Attended: _____ **Date(s) Attended:** _____

Previous School & District Attended: _____ **Date(s) Attended:** _____

13. List all other children residing in household up to 21 years of age:

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>	<i>Sex</i>	<i>School</i>	<i>Grade</i>

**BLIND BROOK-RYE UNION FREE DISTRICT SCHOOL
APPLICATION FOR ADMITTANCE TO SCHOOL**

Name of Child: Last _____ *First:* _____ *Middle:* _____

14. Does child have an IEP? Yes No

15. Is the child covered by health insurance? Yes No

If yes, Policy _____ Policy Holder _____

16. List all Parents or Guardians:

Maternal Parent/Guardian

Name: Last: _____ First: _____ MI: _____

Relationship: Mother/Grandmother/Aunt/Guardian/Other

Daytime Phone: _____ **Home Phone:** _____ **Cell Phone** _____

Employer Name, Address & Phone Number _____

_____ **Voter Registration:** City/Town _____

Parent/Guardian E-mail Address: _____

Do you wish to receive school mailings? Yes No

Paternal Parent/Guardian

Name: Last: _____ First: _____ MI: _____

Relationship: Father/Grandfather/Uncle/Guardian/Other

Daytime Phone: _____ **Home Phone:** _____ **Cell Phone** _____

Employer Name, Address & Phone Number _____

_____ **Voter Registration:** City/Town _____

Parent/Guardian E-mail Address: _____

Do you wish to receive school mailings? Yes No

17. Will the child reside with only one Parent or a Guardian? Yes NO If yes, Mother Father
Guardian (If yes, a certified copy of court order or custody documents must be submitted.)

18. Will the child be spending overnights, weekends, holidays, or vacations elsewhere? Yes No
(If yes, you must attach written explanation.)

19. Does the child temporarily live in the Blind Brook-Rye UFSD? Yes No If yes, Briefly explain

20. Does the child reside in the Blind Brook-Rye UFSD for the primary purpose of allowing the
child to attend Blind Brook Schools? Yes No

21. Who claims the child as a dependent on their Federal Income Tax Return? _____
(You may be required to supply the first page of the return.)

**BLIND BROOK-RYE UNION FREE DISTRICT SCHOOL
APPLICATION FOR ADMITTANCE TO SCHOOL**

Name of Child: Last _____ *First:* _____ *Middle:* _____

22. Does either parent or person with whom the child lives maintain another residence elsewhere?

Yes No if yes, please give address _____

23. If the child is not living with either parent:

- a) Will parent(s) be consulted regarding decisions to be made for the child? Yes No
- b) To what extent will the child's financial support be provided by the parent(s), guardian or others? Please be specific.

c) Does either parent retain the right to recall the child and under what circumstances? Yes No

d) Explain, in detail, the reason for the living arrangement, including whether the parents consent has been obtained.

COPIES of Latest Physical and Complete Immunization Record MUST Be Attached to Application When Submitted

- A. Recent Physical completed in New York State on or after April 1st. Yes
- B. Complete Immunization Record Yes

COPIES of Documents required by the District to be submitted in support of residency:

COPIES CANNOT BE MADE AT THE SCHOOL DISTRICT OFFICE. Copies of documents must be submitted with each individual student application.

You must present one (1) document from each of the following categories (A, B, C, & D):

Check Those Provided

A. Personal identification with photo for ALL parent(s) or guardian(s). **Mother Father Guardian**

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a) New York State (NYS) Driver License, valid/not expired. (If interim license, must provide copy of prior license with photo.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) If NYS Driver License is not available, copy of U.S. Passport. . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) If NYS License & Passport not available, other photo ID, such as employee ID. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BLIND BROOK-RYE UNION FREE DISTRICT SCHOOL APPLICATION FOR ADMITTANCE TO SCHOOL

Name of Child: Last _____ *First:* _____ *Middle:* _____

B. Property Rights **YES**

- 1. Real Estate Deed if property owner **or** Rye Brook School Tax bill
(This is **not** a property tax bill.)
- 2. **Fully executed** Rental Lease if not a property owner. (When lease is renewed,
copy must be submitted along with the latest electric utility bill.)
- 3. If renting, but no lease, have the owner of the property complete the
Affidavit of Property Owner/Landlord and have it notarized.

C. Occupancy of Property

- 1. Copy of current electric utility bill showing usage. (**If new residence,
Con Ed account number must be supplied with application followed by
submittal of electric bill, showing usage, within 60 days of occupancy.)**
Con Ed Account Number: _____
- 2. If not paying for electricity, notarized Affidavit of Property Owner/Landlord
and other current utility bill such as telephone, cable TV, oil, gas or water.

I (We) affirm that the information provided on this form is true and correct. I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement. In order to verify the information or statements provided on this form (including any supporting documents and affidavits), I (we) give consent for the release of this form (including any supporting documents and affidavits) or any information contained in this form to the Town of Rye Brook, the landlord, or any other third party in furtherance of the School District's investigation. I (We) will inform the District of any change of address within 30 days. I (We) understand that if the allegations contained in this form (including supporting documents and affidavits) are determined not to be true and accurate, I (we) will be held responsible for the payment of tuition to the District.

SIGNATURE OF MATERNAL PARENT OR GUARDIAN

SIGNATURE OF PATERNAL PARENT OR GUARDIAN

PRINT NAME

DATE

PRINT NAME

DATE

DISTRICT APPROVAL: _____

Date: _____

Sworn to before me this
_____ day of _____

Notary Public

Notes: Original to Student File with Documents: Elementary Principal **MS/HS Guidance**

Copy to: Parent **Pupil Services.**