

# BLIND BROOK-RYE UNION FREE SCHOOL DISTRICT 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

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

**3. Where is the student currently living?** (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to a "doubled up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- In permanent housing
- Other temporary living situation (Please describe): \_\_\_\_\_

**4. Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**5. Previous Address:** \_\_\_\_\_ **Number of Years:** \_\_\_\_\_

**6. Blind Brook School to be Attended:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**7. Home Telephone (required):** (     ) \_\_\_\_\_ **Home Language:** \_\_\_\_\_

**8. Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **Multiple Birth** \_\_\_\_\_

Birthdate Verified by:    Birth Certificate     Passport     Baptismal     Other

**9. Location of Birth:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

9a. Country of Origin (If different than country of Birth) \_\_\_\_\_

9b. Date of Entry to the United States (If Applicable) \_\_\_\_\_

9c. Years in U.S. Schools \_\_\_\_\_

**10. Is the child of Hispanic, Latino or of Spanish decent?** Yes  No

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**11. Race:** American Indian/Alaskan Native  Asian/Pacific Islander  Black/African American   
 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)

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

Dates: \_\_\_\_\_ Grade(s) Attended: \_\_\_\_\_

**13. Previous School & District Attended:** \_\_\_\_\_ **Date(s) Attended:** \_\_\_\_\_

**Previous School & District Attended:** \_\_\_\_\_ **Date(s) Attended:** \_\_\_\_\_

**14. 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>

**15. Does child have an IEP?** Yes  No

**16. Is the child covered by health insurance?** Yes  No

If yes, Policy \_\_\_\_\_ Policy Holder \_\_\_\_\_

**17. List all Parents or Guardians:**

**Parent/Guardian**

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**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

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**Parent/Guardian**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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**18. 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.)

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

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

**21. 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

**22. 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.)

**23. Does either parent or person with whom the child lives maintain another residence elsewhere?**  
Yes  No  if yes, please give address \_\_\_\_\_

**24. 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.  
\_\_\_\_\_

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Name of Child: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**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 1<sup>st</sup>. 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):**

**Check Those Provided:**

**A. Personal identification with photo for ALL parent(s) or guardian(s).** **Parent   Parent   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"/> |

**B. Property Rights** **YES**

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

**C. Occupancy of Property**

- |   |                          |
|---|--------------------------|
| 1. Copy of current electric utility bill showing usage. ( <b>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.</b> )<br><b>Con Ed Account Number:</b> _____ | <input type="checkbox"/> |
| 2. If not paying for electricity, notarized Affidavit of Property Owner/Landlord <b>and</b> other current utility bill such as telephone, cable TV, oil, gas or water.  | <input type="checkbox"/> |

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*Name of Child:* Last \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_

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 PARENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE OF 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.**