

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

ADDENDUM

Use this form to add Additional 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