

# BLIND BROOK-RYE UNION FREE SCHOOL DISTRICT

## Non-Resident Student Intake Form

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): ( ) \_\_\_\_\_

8. Email Address: \_\_\_\_\_

9. Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Birthdate Verified by: Birth Certificate  Passport  Baptismal  Other

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

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

Answer the following if the child was not born in the United States:

11a. Country of Origin: \_\_\_\_\_

11b. Date of Entry into U.S. Schools: \_\_\_\_\_

11c. Years in U.S. Schools \_\_\_\_\_

13. Home Language: \_\_\_\_\_

14. Has child previously attended the Blind Brook Schools? Yes  No

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

15. Present School: \_\_\_\_\_ Independent  Private/Parochial  Public

Dates of Attendance: \_\_\_\_\_ Address: \_\_\_\_\_

Head or Counselor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

16. Other School Attended: \_\_\_\_\_ Date(s) Attended: \_\_\_\_\_

Other School Attended: \_\_\_\_\_ Date(s) Attended: \_\_\_\_\_

17. Does child have an IEP? Yes  No

18. Does child have a Section 504 Accommodation Plan? Yes  No

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

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

20. 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

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

**21. Applicant lives with?** Father  Mother  Both  Guardian  (If yes, a certified copy of court order or custody documents must be submitted.)

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

**23. Where should admission materials be sent?** Father  Mother  Both  Guardian

**24. Where should bills be sent?** Father  Mother  Both  Guardian

**25. Check if appropriate:** Father Deceased  Parents Divorced  Father Remarried  Living Outside U.S.   
Mother Deceased  Parents Separated  Mother Remarried

**26. If parents are divorced or separated, who has legal custody of the applicant?** \_\_\_\_\_  
(Please provide certified copy of court order of custody documents)

**27. 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.  
\_\_\_\_\_

**28. 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>

**29. Has the applicant ever been suspended or expelled from school?** Yes  No



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

**Application Questions**

**1. List and describe the applicant's level of interest and participation in school activities (school, volunteer, athletics, music, etc.) List any honors the applicant has received in the past two years.**

**2. List and describe the applicant's level of interest and participation in summer activities (camps, jobs, travel, etc.)**

**3. List and describe the applicant's level of interest in hobbies, activities, and groups not associated with school. List any awards or honor they have received in the past two years.**

**4. Why are you applying and what do you hope to gain from attending the Blind Brook Schools?**

**5. What reading has the applicant enjoyed most in the past year?**

**6. What else would you like us to know about the applicant?**

**Please submit the applicant's school records (including report cards, standardized testing, teacher reports, discipline records, etc.) to support this Intake Form.**

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**Non-Resident Student Intake Form**

*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 any other third party in furtherance of the School District's investigation. I (We) understand that if the allegations contained in this form (including supporting documents and affidavits) are determined not to be true and accurate, the application will be denied and the student will not be admitted as a nonresident student to the Blind Brook Schools.

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