

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): () _____

8. Date of Birth: Month: _____ Day: _____ Year: _____

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 _____

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

10. 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)

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>

14. Does child have an IEP? Yes No

15. 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

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

18. Will the child reside with only one Parent or a Guardian? Yes No If yes, Mother Father

Guardian (If yes, please submit a certified copy of court order or custody documents OR in the event no custody documents exist, please submit an affidavit providing that you are the person in parental relation to the child, over whom you have total and permanent custody and control, and a description of how you obtained custody and control)

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.

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):

Check Those Provided

A. Personal identification with photo for ALL parent(s) or guardian(s).
Custody Established: Yes No

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"/> |

B. Residency

YES

- | | |
|---|--------------------------|
| 1. A copy of a residential lease, deed, or mortgage statement. | <input type="checkbox"/> |
| 2. A statement by a third-party landlord, owner, or tenant from whom the parent(s)/guardian(s) lease from or live with (either sworn or unsworn). | <input type="checkbox"/> |
| 3. Such other statement(s) by a third party establishing the physical presence of the parent(s)/guardian(s) in the school district. | <input type="checkbox"/> |

In the event the parent/guardian is unable to submit one of the above, the following forms of proof may be accepted:

- | | |
|---|--------------------------|
| 4. Pay stub. | <input type="checkbox"/> |
| 5. Income tax form. | <input type="checkbox"/> |
| 6. Utility or other bills. | <input type="checkbox"/> |
| 7. Membership documents based upon residency. | <input type="checkbox"/> |

- 8. Voter registration document(s).
- 9. Official driver's license, learner's permit, or non-driver ID.
- 10. State or other government issued identification.
- 11. Documents issued by federal, state, or local agencies.

C. Age of Student

Birth Certificate **Baptismal Certificate** **Passport**

Only in the absence of the above documents may a parent/guardian submit the following:

- 1. Official Driver's License
- 2. State or other government issued identification
- 3. School photo identification with date of birth
- 4. Consulate identification card
- 5. Hospital or health records
- 6. Military dependent identification card
- 7. Documents issued by federal, state or local agencies
- 8. Court orders or other court-issued documents
- 9. Native American tribal documents
- 10. Records from non-profit international aid agencies and voluntary agencies

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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 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.