

PELHAM PUBLIC SCHOOLS
18 Franklin Place
Pelham, NY 10803
Phone: (914) 738-3434, ext. 1211



APPLICATION FOR ADMITTANCE INTO PELHAM PUBLIC SCHOOLS

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY & NOTARIZED

Name of child: _____ Date: _____

_____ Last Name First Name Middle Name

Gender: _____M _____F

Child's date of birth (mm/dd/yyyy) ____/____/____

Child's place of birth: _____

Pre-K Experience ____ Yes ____ No ____ How Long _____

Has student received Special Services? ____ Yes ____ No (Check all that apply)

____ Remedial Reading/Writing ____ Math ____ ESL ____ Counseling ____ Spec. Class ____ Resource Room

____ Speech/Language ____ Other

If attended a Special Education Program, please specify the program and school _____

Which School and Grade Level will child enter?

Name of Child (1) _____ Grade _____ Date _____

Circle Parent (1) Parent (2) Guardian with whom child lives

Name _____ Relationship _____ Marital Status _____

Present Address _____

How many years at this address? _____ E-mail _____

Last Previous Address _____

Home Telephone Number _____ Cell Phone Number _____

Parent (1) Place of Birth _____ Occupation _____

Employer's Name _____ Telephone Number _____

Address _____

Circle **Parent (1)** **Parent (2)** **Guardian** **with whom child lives**
 Name _____ Relationship _____ Marital Status _____

Present Address _____

How many years at this address? _____ E-mail _____

Last Previous Address _____

Home Telephone Number _____ Cell Phone Number _____

Parent (2) Place of Birth _____ Occupation _____

Employer's Name _____ Telephone Number _____

Address _____

All former addresses where the child has lived:

Street _____ Street _____

City/State _____ City/State _____

Date _____ Date _____

With Whom _____ With Whom _____

All former schools child attended:

Schools	Grade	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information regarding child's biological or adoptive parent (1): Living Deceased (if same as above state SAME)

Name _____ Address _____

Telephone # _____ Place of Birth _____

Employer _____ Address _____

Work # _____

Information regarding child's biological or adoptive parent (2): Living Deceased (if same as above state SAME)

Name _____ Address _____

Telephone # _____ Place of Birth _____

Employer _____ Address _____

Work # _____

Do the child's parents own real property in this school district? Yes No

If yes, give address _____

To what extent will the care, custody and control of the child be exercised by: (BE SPECIFIC)

1. The person the child lives with _____

2. Either parent _____

How long will the child live at this address? _____

Will the child be spending overnights, weekends, holidays or vacations elsewhere Yes No

If yes, please give complete details: _____

Does either parent or person with whom the child lives maintain another residence elsewhere? Yes No

If yes, please give address: _____

Time spent there: _____

Does each parent intend to remain at his/her present address? Yes No

Is each parent registered to vote? Yes No

If yes, where? Parent (1) _____ Parent (2) _____

Does either parent hold a driver's license? Yes No

If yes, from where? Parent (1) _____ Parent (2) _____

For what address/property is each parent/guardian billed as a resident taxpayer?

Parent (1) _____ Parent (2) _____

Guardian (1) _____ Guardian (2) _____

Who (parent or guardian) claims this child as a dependent on Federal and/or State Income Tax Form? (You may be required to submit tax form upon request)

To what extent is the child's support provided by (a) the person that the child lives with? (b) either parent?

BE SPECIFIC

(a) _____ (b) _____

Is the child covered by health insurance? ____ Yes ____ No

If yes, in what adult's name is the policy issued or coverage provided? _____

What court orders have been made with respect to the child's guardianship or custody? Attach copies or orders.

Date _____ Court _____

Arrangements _____

Are there any other children at this address? ____ Yes ____ No If yes, please supply the following information:

Name _____ Date of Birth _____

Place of Birth _____ Address _____

Relationship to child being registered _____ School Attending _____

Name _____ Date of Birth _____

Place of Birth _____ Address _____

Relationship to child being registered _____ School Attending _____

Name _____ Date of Birth _____

Place of Birth _____ Address _____

Relationship to child being registered _____ School Attending _____

Name _____ Date of Birth _____

Place of Birth _____ Address _____

Relationship to child being registered _____ School Attending _____

If the child is residing in a district other than that of either parent, describe the reason and purpose for such an arrangement, including whether both parents have consented to such arrangements. BE SPECIFIC

Does either parent retain the right to recall the child from the person with whom the child lives? If so, under what circumstances?

Who is to receive school mailings and be contacted in case of an emergency involving the child (ren)?

Name (Parent 1) _____ Address _____

Telephone # _____ Relationship _____

Does this child temporarily live in the Pelham School District for the primary purpose of allowing the child to attend Pelham Schools? _____ Yes _____ No

Does the child(ren) live with a guardian for the primary purpose of allowing the child(ren) to attend the Pelham Public Schools? _____ Yes _____ No

Notary

State of _____ Signature _____

County of _____ being duly sworn, under penalty of perjury deposes and says that

Dependent (name) _____ is the legal dependent
of _____

that parent/guardian has read the foregoing application and knows the contents thereof; that the same is true of the parent/guardian's own knowledge and that parent/guardian has given the answers set forth above knowing that the Union Free School District of the Pelham, Town of Westchester, New York, will rely upon them in determining whether the child is to be admitted to its school system either without being required to pay tuition or on a tuition basis. The District retains the right to charge full tuition should it determine that any of the statements relied upon above are false.

Sworn to before me this _____ day of _____, 20_____

Notary Public

Signature of Parent/Guardian

(Print Name)

License # _____

FOR REGISTRATION OFFICE USE ONLY

- _____ Proof of Student's Age
- _____ Student's Passport
- _____ Proof of Custody
- _____ DSS
- _____ Rent Receipt
- _____ Property Tax Bill

- _____ Deed/Closing Statement
- _____ Lease
- _____ Notarized Landlord Affidavit
- _____ Utility Bill
- _____ Resident Affidavit

Registered By

Assistant Superintendent for Curriculum
Instruction and Personnel

NY State Education Department Ethnicity Survey:

To Parents/Guardians: The Pelham School District is mandated to collect and record the ethnic data of all students to report to the State and Federal Education Departments to plan educational programs and to ensure academic performance, student attendance and completion of school for all ethnic groups. The information which is provided on this form is confidential. It is protected by The Family Educational Rights and Privacy Act (1974) which prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either students name or student identification number.

A. Hispanic Indicator

1. Is the student Hispanic, or of Spanish origin? (Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central of South American, or other Spanish culture or origin, regardless of race).

_____ Yes – Hispanic
 _____ No – Not Hispanic

B. Race

3. Select one or more races from the following five racial groups. For question 2, check all groups that apply to your child; check at least ONE box:

- _____ **White:** Person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East
- _____ **Black:** A person having origins in any of the black racial groups of Africa
- _____ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- _____ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- _____ **Native American Indian or Native Alaskan:** A person having origins in any of the original peoples of North and South America (including Central America), and who derives tribal affiliations or attachment, e.g. Cherokee, Mohawk, Inull, Mayan, Inca (but not limited to those listed).

If a student was born outside of the USA complete the following information:

Country of birth: _____

Date entered US: _____ First day in US school _____

Signature of Parent/Guardian/Other

Date
