

**MAMARONECK UNION FREE SCHOOL DISTRICT**  
**1000 West Boston Post Road, Mamaroneck, NY 10543**  
**PRE-ADMITTANCE APPLICATION**  
**NON-RESIDENT/TUITION-PAYING STUDENT**

Office Use Only Received _____  Approved _____
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Check One:	Tuition:	Care/Custody:	Foreign Student:	Staff Child:
Name of Child:				
Date of Birth:				
Place of Birth:				
Name of person and address where child will live:				
Relationship to child:				
Telephone Number:				
E-Mail Address:				

State the grade level, academic year and district school you wish child to enter:		
School	Academic Year	Grade
First Choice		
Second Choice		

Describe the student's program needs and/or required services (Section cannot be left blank - Write none, if applicable):

Former addresses where child has lived Street/City/State/Zip

Former schools child attended - District/City/State/Zip	Year	Grade

Parent(s)' authorization for Mamaroneck UFSD to obtain student's records from above named schools:

_____	_____
<b>SIGNATURE OF MATERNAL PARENT/GUARDIAN</b>	<b>SIGNATURE OF PATERNAL PARENT/GUARDIAN</b>
_____	_____
<b>PRINT NAME</b>	<b>PRINT NAME</b>

Information regarding child's father:	Living	Deceased
Name:		
Address:		
Telephone Number:		
E-Mail Address:		
Occupation:		
Place of Employment:		

