

PELHAM PUBLIC SCHOOLS  
629 Fifth Ave.  
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:**

<b>Schools</b>	<b>Grade</b>	<b>Dates</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

**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 Teaching  
and Learning

\_\_\_\_\_

\_\_\_\_\_

## 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 (MUST CHOOSE ONE)

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 (MUST CHOOSE ONE)

2. 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:

Name of student: \_\_\_\_\_

Country of birth: \_\_\_\_\_

First day in US school \_\_\_\_\_

Signature of Parent/Guardian/Other

Date

\_\_\_\_\_