

EASTCHESTER UNION FREE SCHOOL DISTRICT
580 White Plains Rd, Eastchester, NY 10709

AH___ GV___

APPLICATION FOR ADMISSION TO DISTRICT SCHOOLS

This form must be completed in its entirety by child's parent or legal guardian.

STUDENT DATA

Legal Name of Child: (Last, First) _____

1. Date of Birth: _____ City/State of Birth: _____

2. Country of Birth: _____

3. Birth Gender: M__ F__

4. If registering for Kindergarten, please note that here. If another grade level is sought, what was the last grade the child completed: _____

5. All former school your child has attended, in chronological order (most recent first):

School	District	City	State	Dates	Grade

6. Student lives with: ___ Both Parents ___ Mother ___ Father

___ Legal Guardian(s) ___ Other _____

If you checked legal guardian or other, please provide supporting documentation.

7. Name of person(s) identified in #6 above: _____

a. Current address of person(s) named above:

b. Phone#: _____ Cell#: _____

c. How many years have you been living there: _____

d. Last previous address: _____

8. Are the child's biological or adoptive parents living?

a. Mother's name _____ Yes ___ No ___

b. Father's name _____ Yes ___ No ___

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9. Ethnicity/Race:

Is this student Hispanic/Latino? (Choose only one)

___ No, not Hispanic/Latino

___ Yes, Hispanic, Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

What is the student's race? (Choose one or more)

___ **American Indian or Alaska Native** (a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

___ **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.)

___ **Black or African American** (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 people's of Hawaii, Guam, Samoa or other Pacific Islands.)

___ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

FAMILY DATA

10. **Parent/Guardian:** This person will be Emergency Contact #1 Mother ___ Father ___

- a. Name: _____
- b. Home Address: _____
- c. Home telephone#: _____
- d. Cell#: _____
- e. Email: _____
- f. _____

11. **Parent/Guardian:** This person will be Emergency Contact #1 Mother ___ Father ___

- a. Name: _____
- b. Home Address: _____
- c. Home telephone#: _____
- d. Cell#: _____
- e. Email: _____

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12. If parent/guardian has any other children, please supply the following information:

Name	Age	School	Guardian
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIBLINGS

13. How many siblings does the student have? _____

Sibling#1

Name: _____

Date of Birth: _____

School currently attending: _____

Sibling#2

Name: _____

Date of Birth: _____

School currently attending: _____

Sibling#3

Name: _____

Date of Birth: _____

School currently attending: _____

RESIDENCY & CUSTODIAL DATA

14. If moving into the Eastchester School District, but do not currently reside in this district please specify move-in date:_____.

15. Please specify if you are: Buying:_____ Leasing:_____ Own:_____, your home, If you are leasing, please specify the date your lease expires:_____.

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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 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.

16. 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 as "doubled-up")
 in a hotel/motel
 in a car, park, bus, train, or campsite
 other temporary living situation (please describe) _____
 in permanent housing

a. Address where child currently lives: _____

b. Phone# where child currently lives: _____

17. What court orders, if any, have been issued with respect to the child/guardianship and/or custody? *Attach copies of orders.*

Date: _____ Court: _____

Arrangements:

18. Are there any legal or consensual agreements in place between parents/guardians that alter or change the guardianship papers provided? YES _____ NO _____. If yes, please provide.

EMERGENCY CONTACTS

19. Please supply two local emergency contacts, other than mom and dad, to be contacted in case of an emergency involving this child:

Contact# 3: Name: _____ Relationship to child _____

Address: _____

Home#: _____ Cell#: _____

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Contact# 4: Name: _____ Relationship to child _____

Address: _____

Home#: _____ Cell#: _____

HEALTH HISTORY

20. Does the student have allergies? Yes _____ No _____

21. Does the student have asthma? Yes _____ No _____

- a. Please indicate type: Intermittent
 Persistent
 Other

22. Diabetes? Yes _____ No _____

23. Epilepsy/Seizures? Yes _____ No _____

24. Does the student have any other special medical considerations? Yes _____ No _____

Student's Doctor Name: _____ Phone#: _____

25. Does the student have an IEP/504? Yes _____ No _____ If Yes, please attach.

Please sign below that you have understood the above questions and that the above answers are complete and accurate. The Eastchester School District may seek tuition reimbursement for time enrolled, should the information provided be inaccurate. We reserve the right to remove your child from the district.

Signature

Date

EASTCHESTER UNION FREE SCHOOL DISTRICT
580 White Plains Rd Eastchester, New York 10709

ACKNOWLEDGMENT

Please sign in front of a Notary Public

State of New York)
) ss.:
County of _____)

_____ being duly sworn, under penalty of perjury, deposes and says that deponent is the _____ of _____; the deponent
(Relationship to child)
has read the forgoing Application and knows the contents thereof; that the same are true to deponent's own knowledge and that deponent has given the answers set forth above knowing that the Eastchester Union Free School District will rely upon them in determining whether the child is to be admitted to its school system without being required to pay tuition. Deponent agrees that he/she will be responsible for tuition in the event any answer in the application is determined to be false.

Signature of Parent/Guardian

Print Name

Sworn to before me this

_____ Day of _____, 20

Notary Public