

SCHOOL DISTRICT DESIGNATION FORM

TO: DISTRICT CLERK
BLIND BROOK-RYE UNION FREE SCHOOL DISTRICT
390 NORTH RIDGE STREET
RYE BROOK, NEW YORK 10573

In accordance with Education Law Section 3203, as the owner(s) of _____
[Insert Full Address]

I (we) hereby declare our intention to select the Blind Brook-Rye Union Free School District for attendance of
any and all children living at this address.

Owner (**sign**) _____ Date _____ Owner (**print name**) _____ Date _____

Address (**if other than property above**) _____

Owner #2 (if joint ownership) (**sign**) _____ Date _____ Owner #2 (**print name**) _____ Date _____

Address (**if other than property above**) _____

PLEASE RETURN BOTH DESIGNATION FORMS BY May 8, 2024

SCHOOL DISTRICT DESIGNATION FORM

TO: DISTRICT CLERK
PORT CHESTER-RYE UNION FREE SCHOOL DISTRICT
113 BOWMAN AVE
PORT CHESTER NY, 10573

In accordance with Education Law Section 3203, as the owner(s) of _____
[Insert Full Address]

I (we) hereby declare our intention to select the Blind Brook-Rye Union Free School District for attendance of
any and all children living at this address.

Owner (**sign**) _____ Date _____

Owner (**print name**) _____ Date _____

Address (**if other than property above**) _____

Owner #2 (if joint ownership) (**sign**) _____ Date _____

Owner #2 (**print name**) _____ Date _____

Address (**if other than property above**) _____

PLEASE RETURN BOTH DESIGNATION FORMS BY May 8, 2024