

ELMSFORD PUBLIC SCHOOLS

Student No. \_\_\_\_\_

98 S. Goodwin Avenue  
Elmsford, New York 10523

Family No. \_\_\_\_\_

Application for Admission into Elmsford Public Schools

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR EACH CHILD TO BE ADMITTED TO SCHOOL**

1. Student's Name \_\_\_\_\_  
Last First MI

2. DOB \_\_\_\_\_ Sex \_\_\_\_\_ Primary Language \_\_\_\_\_ Language Spoken @ Home \_\_\_\_\_

3. Which race does student most identify with: White (not Hispanic) \_\_\_\_\_; Black (Not Hispanic) \_\_\_\_\_; Native Amer./Alaskan Native \_\_\_\_\_; Asian \_\_\_\_\_; Native Hawaiian/Pacific Islander \_\_\_\_\_; Hispanic \_\_\_\_\_;

4. Was student previously registered in the Elmsford School District? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date: \_\_\_\_\_

5. Has student received Special Services? Yes \_\_\_\_\_ No \_\_\_\_\_ (Check all that apply) Remedial Reading/Writing \_\_\_\_\_; Math \_\_\_\_\_ ESL \_\_\_\_\_ Counseling \_\_\_\_\_ Spec. Class \_\_\_\_\_ Resource Room \_\_\_\_\_ Speech/Lang; \_\_\_\_\_; Other \_\_\_\_\_

If attended a special education program, please specify the program and school \_\_\_\_\_

6. Place of Birth \_\_\_\_\_ U.S.Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, date arrived in U.S. \_\_\_\_\_ From: \_\_\_\_\_

7. Date Entered New York State School: \_\_\_\_\_ Date Entered US School: \_\_\_\_\_

8. Name(s) and Relationship of Person(s) With Whom Child Lives

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Marital Status \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Marital Status \_\_\_\_\_

a. Present Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Place of Birth<sup>(1)</sup> \_\_\_\_\_ US Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
<sup>(2)</sup> \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

b. School District of Residence \_\_\_\_\_

c. How many years at this address? \_\_\_\_\_

Last Previous Address \_\_\_\_\_

d. Occupation<sup>(1)</sup> \_\_\_\_\_

Employer Name, Address & Phone Number \_\_\_\_\_

Occupation<sup>(2)</sup> \_\_\_\_\_

Employer Name, Address & Phone Number \_\_\_\_\_

9. Which school and grade level does child wish to enter?

\_\_\_\_\_ Date \_\_\_\_\_

10. All former addresses where the child has lived:  
(If additional space is needed, please use separate sheet)

Street _____	Street _____
City/State _____	City/State _____
Date _____	Date _____
With Whom _____	With Whom _____

11. All former schools child attended:

School	Grade	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Information regarding child's biological or adoptive father: (if same as #8 state SAME)

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Place of Birth \_\_\_\_\_ US Citizen \_\_\_ Yes \_\_\_ No  
Employer \_\_\_\_\_ Location \_\_\_\_\_  
\_\_\_\_\_ Telephone # \_\_\_\_\_

13. Information about child's biological or adoptive mother: (if same as #8 state SAME)

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Place of Birth \_\_\_\_\_ US Citizen \_\_\_ Yes \_\_\_ No  
Employer \_\_\_\_\_ Location \_\_\_\_\_  
\_\_\_\_\_ Telephone # \_\_\_\_\_

14. Does the child's parents own real property in this school district? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give address:  
\_\_\_\_\_

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

- a) the person that the child lives with  
\_\_\_\_\_
- b) either parent:  
\_\_\_\_\_

16. How long will child live at this address? \_\_\_\_\_

17. Will the child be spending overnights, weekends, holidays or vacations elsewhere? Yes \_\_\_\_ No \_\_\_\_

If yes, give complete details: \_\_\_\_\_  
\_\_\_\_\_

18. Does either parent or person with whom the child lives maintain another residence elsewhere?

Yes \_\_\_\_ No \_\_\_\_

If yes, please give address: \_\_\_\_\_ Time spent there: \_\_\_\_\_

19. Does each parent intend to remain at his/her present address? Yes \_\_\_\_ No \_\_\_\_

20. Is each parent registered to vote? Yes \_\_\_\_ No \_\_\_\_

If yes, where? Parent (1) \_\_\_\_\_ Parent (2) \_\_\_\_\_

21. Does either parent hold a driver's license? Yes \_\_\_\_ No \_\_\_\_

If yes, from where?

Parent (1) \_\_\_\_\_

Parent (2) \_\_\_\_\_

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

Parent (1) \_\_\_\_\_ Parent (2) \_\_\_\_\_

Guardian \_\_\_\_\_ Guardian \_\_\_\_\_

23. 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) \_\_\_\_\_

24. Is the child covered by health insurance? Yes \_\_\_\_ No \_\_\_\_

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

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

**Attach copies of orders**

Date \_\_\_\_\_ Court \_\_\_\_\_

Arrangements \_\_\_\_\_  
\_\_\_\_\_

26. Are there any other children at this address? Yes \_\_\_\_ No \_\_\_\_ If yes, please supply the following information: **(If additional space is needed, please use separate sheet)**

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child being registered \_\_\_\_\_

School Attending \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child being registered \_\_\_\_\_

School Attending \_\_\_\_\_

27. 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.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

29. Who is to receive school mailings and be contacted in case of an emergency involving the child?

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_ and Relationship: \_\_\_\_\_

30. Does this child live in the Elmsford Public School District for the primary purpose of allowing the child to attend the Elmsford Public Schools?

\_\_\_\_\_

31. Does the child live with a guardian for the primary purpose of allowing the child to attend the Elmsford Public Schools? \_\_\_\_\_

32. Who claims the child as a dependent(s) on their Federal Income Tax Return?

\_\_\_\_\_  
(You may be required to supply the first page of the return.)

33. If the child is living in a shelter; with relative or others due to lack of housing; in an abandoned apartment/ building, in a motel/hotel; camping ground, car, train/bus station or other similar situation due to lack of alternative, adequate housing; or temporarily housed in a shelter awaiting a OCFS permanent foster care placement, please indicate here by listing the housing type in the space provided.  
Child is living in: \_\_\_\_\_

**I attest that the information that I have given herein is true and I understand that the District will seek restitution for tuition if it is determined that based on the information provided herein my child is admitted as a resident student of the Elmsford Union Free School District and it is later determined that such information was false. I understand that this tuition cost ranges from \$15,667 to \$16,991 or higher. I agree to pay such tuition.**

Signature of Parent \_\_\_\_\_

Sworn to before me this

or

Signature of Guardian \_\_\_\_\_

\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**FOR REGISTRATION OFFICE USE ONLY**

Expected Entrance Date: \_\_\_\_\_

\_\_\_\_\_ Deed/Closing Statement

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Lease

\_\_\_\_\_ Passport

Official School Records Requested: \_\_\_\_\_

\_\_\_\_\_ Notarized Landlord Affidavit

\_\_\_\_\_ Proof of custody

Faxed/Mailed

\_\_\_\_\_ Utility Bill

Designation of School District : \_\_\_\_\_

\_\_\_\_\_ Resident Affidavit

(if homeless or foster child)

\_\_\_\_\_  
Registered by:

\_\_\_\_\_  
Administrator's Signature: