APPLICATION FOR ADMISSION TO DISTRICT SCHOOLS

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

STUDENT DATA

Legal Name of Child: (Last, First) ___________________________________________________________

1. Date of Birth: ____________________ City/State of Birth:_______________________________

2. Country of Birth:___________________ Date of Entry to USA 1st Time: _____________________

3. Birth Gender: M ☐ F ☐ Gender Identity: M ☐ F ☐ Prefer to self-describe ☐

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

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

<table>
<thead>
<tr>
<th>School</th>
<th>District (if applicable)</th>
<th>City</th>
<th>State</th>
<th>Dates</th>
<th>Grade</th>
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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) E-mail: __________________________________________
   d) How many years there: _____ e) previous school district of resident: __________________
   f) 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 ___
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, Cuban, South or Central
   American, 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 peoples 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 #:_______________________ Listed/Unlisted:________________________
   d) Cell phone #________________________________
   e) Work phone #________________________________
   f) Email address:_________________________________________________________________

11. Parent/Guardian: This person will be Emergency Contact # 2 Mother____ Father____

   a) Name____________________________________
   b) Home Address:________________________________________________________________
   c) Home Telephone #:_______________________ Listed/Unlisted:________________________
   d) Cell phone #________________________________
   e) Work phone #________________________________
   f) Email address:_________________________________________________________________
12. If parent/guardian has any other children, please supply the following information:

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<tr>
<th>Name</th>
<th>Age</th>
<th>Address</th>
<th>School</th>
<th>Guardian</th>
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RESIDENCY & CUSTODIAL DATA

13. If moving into the Eastchester School District, but do not currently reside in this district please specify moving date: ________________________________.

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

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.

15. 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: ________________________________

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

   Date: _____________________ Court: ________________________________
   Arrangements: ____________________________________________
   ___________________________________________________________
17. 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

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

3. Name: __________________________ Relationship to child __________________________
   Address: _________________________________________________________________
   Home #: __________________________ Cell #: __________________________

4. Name: __________________________ Relationship to child __________________________
   Address: _________________________________________________________________
   Home #: __________________________ Cell #: __________________________

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