

RYE CITY SCHOOL DISTRICT
555 Theodore Fremd Avenue, Suite B101
PRE-ADMITTANCE APPLICATION
NON-RESIDENT/TUITION-PAYING STUDENT
Please Print Legibly

Office Use Only Received _____ Reference # _____ Board Approved _____ Student ID _____
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Name of Child: Last: _____ First: _____ MI: _____

Home Address: No: _____ Street Name: _____ Apt. No. _____

City: _____ State: _____ Zip _____ **Home Phone (Required):** _____

Date of Birth: Month: _____ Day: _____ Year: _____ Native Language: _____

Location of Birth: City: _____ State: _____ Country: _____

Sex: Male Female

Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Pacific Islander
- White

[TO BE USED FOR STATISTICAL PURPOSES ONLY, AS REQUIRED BY LAW]

Rye City School to be attended: _____ Grade: _____ Start Date: _____

School(s) previously attended: _____ Dates: _____

Parent(s)' authorization for Rye City School District to obtain student's records from above named schools.

X _____	X _____
Signature of Maternal Parent/Guardian Date	Signature of Paternal Parent/Guardian Date

List all Parents or Guardians with whom the child will live:

Maternal Parent/Guardian

Name: Last: _____ First: _____ MI: _____

Relationship: Mother/Grandmother/Aunt/Guardian/Other _____

Daytime Phone: _____ Home Phone: _____ E-mail: _____

Paternal Parent/Guardian

Name: Last: _____ First: _____ MI: _____

Relationship: Father/Grandfather/Uncle/Guardian/Other _____

Daytime Phone: _____ Home Phone: _____ E-mail: _____

List all other children residing in household up to 21 years of age:

Last Name	First Name	Date of Birth	Sex	School	Grade

**RYE CITY SCHOOL DISTRICT – PRE-ADMITTANCE APPLICATION
NON-RESIDENT/TUITION-PAYING STUDENT**

Name of Child: Last: _____ First: _____ MI: _____

Will the child reside with only one Parent? Yes No
(If yes, a copy of court order or custody documents must be submitted.)

A check for **\$50.00** should accompany this form for processing. Check is to be made payable to **The Rye City School District**. Details of policy and procedures are contained in Board of Education Policy #6254.

Copies of Documents required to be submitted: COPIES CANNOT BE MADE AT SCHOOL DISTRICT OFFICE.

I. Personal identification for both maternal and paternal parents or guardians must be provided as follows:

**1. Personal identification with photo for all parent(s) and or guardian(s).
Check Those Provided**

	Maternal	Paternal
New York State (NYS) Driver License, valid/not expired. (If interim license, must provide copy of prior license with photo.)		
If NYS Driver License is not available, copy of U.S. Passport		
If NYS License & Passport not available, other photo identification, such as Employee ID.		
If no photo ID available, signed personal NYS tax returns or bank statement.		

AND

2. Evidence of Child’s Age (Copy only - Names of parents must be indicated.)

I (We) affirm that the information provided on this form is true and correct. I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement. In order to verify the information or statements provided on this form (including any supporting documents and affidavits), I (we) give consent for the release of this form (including any supporting documents and affidavits) or any information contained in this form to the City of Rye, or any other third party in furtherance of the School District’s investigation. I (We) will inform the District of any change of address with 30 days. I (We) understand that the allegations contained in this form are being relied upon in determining whether the child is to be admitted to its school system on a tuition basis in keeping with Board of Education Policy #6254.

ALL PARENT(S) OR GUARDIAN(S) MUST SIGN:

X _____
SIGNATURE OF MATERNAL PARENT OR GUARDIAN

X _____
SIGNATURE OF PATERNAL PARENT OR GUARDIAN

PRINT NAME

PRINT NAME

Date: _____

Date: _____

For Office Use Only

Approval: _____

Date: _____

Notes:

Original to Student File with Documents: Elementary Principal Δ MS/HS Guidance Δ

Copy to: Parent Δ Special Ed Δ Treasurer Δ