



Name of Student: (print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ S.S. # \_\_\_\_\_

New York State Resident: \_\_\_\_\_ Yes \_\_\_\_\_ No NYSSID# \_\_\_\_\_

Parents(s) Guardian(s) Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Emergency #: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnicity: \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Alaskan \_\_\_\_\_ Native American

\_\_\_\_\_ Other: Specify \_\_\_\_\_ (provide W-2 Form)

\*Family Income (if other): \_\_\_\_\_ # in household: \_\_\_\_\_

Secondary school :( necessary for consideration)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

When the office receives this form, the child will be placed on a waiting list. Hopefully the child will be considered for the following year. However, we are dependent upon renewal of funding each year.  
Spring 2016