Department of Education
Carmen Fariña, Chancellor

ANNUAL NON-RESIDENT APPLICATION FORM-SUMMER 2018

PLEASE PRINT OR TYPEL ALL INFORMTION CAREFULLY

Note: Please direct all payments to Ms. Brenda Antoine, Deputy Director Bureau of Non Public School Payables.
65 Court Street, Room 1001, Brooklyn, New York 11201 718-935-4789

PARENT/GUARDIAN & STUDENT INFORMATION	SOCIAL SECURITY NUMBER	BIRTH DATE	SCHOOL YEAR **Summer 2018**
STUDENTS LAST NAME	STUDENTS FIRST NAME		M.I.
STUDENTS HOME ADDRESS		STUDENTS HOME TELEPHONE NUMBER	
CITY		STATE	ZIP
STUDENT HOME SCHOOL DISTRICT NAME		HOME DISTRICT TELEPHONE NUMBER	
PARENT/GUARDIAN NAME		PARENT/GUARDIAN HOME TELEPHONE #	
ADDRESS	CITY / STATE / ZIP	PARENT/GUARDIAN WORK TELEPHONE #	

SCHOOL INFORMATION – To be completed by school personnel at the school in which non-resident parent/guardian requests enrollment.

PREPARED BY (PRINT NAME & TITLE)			DATE PREPARED	TELEPHONE NUMBER	
OSIS NUMBER	NYC DISTRICT #	BORO	SCHOOL #	STUDENT GRADE	CLASS
SITE NAME (SCHOOL NAME)				REQUESTED ENROLLMENT DATE	
SCHOOL ADDRESS			CITY	STATE	ZIP

AGREEMENT between the BOARD OF EDUCATION OF THE CITY SCHOOL DISTRICT OF NEW YORK ("Board") and the PARENT/GUARDIAN of the above described non-resident student to admit such non-resident student to a public high school or elementary school located within the City of New York. I am the parent/guardian of the above named child and request that s/he be admitted to the school indicated above. I hereby agree to pay the Board the stated tuition relative to my child's non-resident enrollment. I understand full tuition is due at the time of enrollment. As parent/guardian, I agree that my child's admission to, and continued eligibility to attend the described school is expressly conditioned upon my faithful and timely payment of the stated tuition and my child's continued satisfactory qualification as required by law, regulation, Board policy and/or community school board policy.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PAYMENT INFORMATION: – To be completed by school principal or designee.

Payment is due in full upon acceptance. Payment must be made via money order or certified bank check payable to the NYC Department of Education.

General Education Rates:

- ☐ Grades k-6 = $450.00
- ☐ Grades 7-12 = $1,180.00

Special Education Rates:

- ☐ Grades k-6 = $4,775.00
- ☐ Grades 7-12 = $6,340.00

I, as school principal, have reviewed and approved this non-resident child's qualification. The child may be enrolled in the above school.

SIGNATURE OF SCHOOL PRINCIPAL/DESIGNEE _____ DATE _____

PRINTED NAME OF SCHOOL PRINCIPAL/DESIGNEE _____ EMAIL ADDRESS OF PRINCIPAL/DESIGNEE _____