

**ANNUAL NON-RESIDENT APPLICATION FORM-SUMMER 2015**

PLEASE PRINT OR TYPE ALL INFORMATION 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**

<b>PARENT/GUARDIAN &amp; STUDENT INFORMATION</b>			BIRTH DATE	SCHOOL YEAR <b>Summer 2015</b>	
STUDENT LAST NAME			STUDENT FIRST NAME		M.I.
STUDENT HOME ADDRESS			STUDENT 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 DEPARTMENT OF EDUCATION OF THE CITY SCHOOL DISTRICT OF NEW YORK ("DOE") 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 DOE 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, DOE 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 = **\$360.00**
- Grades 7-12 = **\$970.00**

**Special Education Rates:**

- Grades k-6 = **\$3,550.00**
- Grades 7-12 = **\$4,650.00**

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