



APPLICATION FOR ADMISSION TO NYC PUBLIC SCHOOL PRE-KINDERGARTEN FOR THE 2014-2015 SCHOOL YEAR

You may submit this paper application in person at an Enrollment Office (see reverse), or you can apply online at www.nyc.gov/schools/prek by the April 23, 2014 deadline. Do not submit this application by mail or directly to schools.

Eligibility Criteria: Applicants must live in New York City and turn four years old in 2014 (born in 2010).

1 PRE-KINDERGARTEN APPLICANT INFORMATION

Form fields for Applicant First Name, Applicant Last Name, M.I., Date of Birth (2010), Parent/Guardian First Name, Parent/Guardian Last Name, Phone Number, House Number, Street Name, Apartment #, Gender (M/F), City, State (NY), Zip Code, Parent/Guardian Email.

Borough of Residence (please check one):

- Brux, Brooklyn, Manhattan, Queens, Staten Island

2 SIBLINGS APPLYING TO PRE-KINDERGARTEN

Does the applicant have one or more siblings applying to pre-kindergarten for September 2014? Yes No

If yes, and you want the applicants to attend the same school, you must 1) complete an application for each child, and 2) enter each child's information below. Applicants must have the same schools listed in the same order on their application to be placed together. If no, leave this section blank.

Siblings are brothers/sisters (including stepbrothers, stepsisters, foster brothers, foster sisters) who live in the same household as the applicant.

OTHER CHILDREN APPLYING TO PRE-KINDERGARTEN

Table with 3 columns: First Name, Last Name, Date of Birth (mm/dd/yyyy). Includes sample data for three children.

3 SIBLING PRIORITY INFORMATION

Does the applicant have one or more siblings who will be attending any of the schools on this application in September 2014?

- Yes No

If yes, enter the information for each of these siblings below. Please do not include siblings listed in Section 2. If no, leave this section blank. The applicant will receive priority for admission if the sibling is currently pre-registered or enrolled at the school and will be in grades K-5 at the school in September 2014.

SIBLINGS

Table with 5 columns: Name (First Last), School Name, Date of Birth (mm/dd/yyyy), Sept 2014 Grade, Student ID Number (OSIS). Includes sample data for John Doe.

SIBLINGS

Table with 6 columns: Name (First Last), School Name, School Code DBN, Date of Birth (mm/dd/yyyy), Sept 2014 Grade, Student ID Number (OSIS).

Date and Timestamp (for DOE use only)

Empty box for Date and Timestamp.

4 PUBLIC SCHOOL PRE-KINDERGARTEN PROGRAM CHOICES

You may list up to 12 New York City public school pre-kindergarten programs on this application. Please list your choices in your order of preference. You should only list programs that you are interested in having your child attend. Use the sample below as a guide when entering your choices. **For each choice you make, you must enter the:**

1. DBN (School Code representing the District, Borough, and Number for the school)
2. Borough
3. School Name
4. Session Time

Please check the Pre-K Directory to see which sessions (AM, PM, and/or Full Day) are offered in the schools you list below. **List only one session time for each choice.** This means that you must list a school more than once if you are applying to more than one session at that school.

SAMPLE

Choice Order ↓	DBN (School Code)	School Borough	School Name	Session Time (AM, PM, or Full Day)
1	2 4 9 9 9 9	Queens	PS 999	Full Day
2	2 4 9 9 9 9	Queens	PS 999	A.M. Full Day
3	1 0 0 1 7	Queens	PS 999	A.M.

Enter only one session time

Choice Order ↓	DBN (School Code)	School Borough	School Name	Session Time (AM, PM, or Full Day)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

5 PARENT/GUARDIAN NAME & SIGNATURE

Applications must be signed and dated

By signing this form, I certify that I am the parent/guardian of the applicant(s), that the applicant(s) and I live at the same address (as listed on this form), that the applicant was born in 2010, that I have read and understand the placement process, and that I am authorized to submit this application on behalf of the applicant(s). I understand that if I do not reside at the address provided on this application, my child's offer may be rescinded.

Parent/Guardian Signature: _____ Date: _____

Enrollment Offices: Open from 8 am – 3 pm, Monday through Friday

Borough	Address	Borough	Address
Bronx	1 Fordham Plaza, 7th Floor, Bronx, NY 10458	Manhattan	333 Seventh Avenue, 12th Floor, New York, NY 10001
	1230 Zerega Avenue, Bronx, NY 10462		388 West 125th Street, 7th Floor, New York, NY 10027
Brooklyn	1780 Ocean Avenue, Brooklyn, NY 11230	Queens	28-11 Queens Plaza North, Long Island City, NY 11101
	415 89th Street, Brooklyn, NY 11209		30-48 Linden Place, Flushing, NY 11354
	29 Fort Greene Place, Brooklyn, NY 11217	Staten Island	90-27 Sutphin Boulevard, Jamaica, NY 11435
	1665 St. Mark's Avenue, Brooklyn, NY 11233		715 Ocean Terrace, Building A, Staten Island, NY 10301