

CARMEL CENTRAL SCHOOL DISTRICT
P.O. BOX 296, SOUTH STREET
PATTERSON, NEW YORK 12563

REQUEST FOR PERMISSION TO REGISTER

DATE: _____

NAME OF PARENT(S): _____

CURRENT ADDRESS: _____

TELEPHONE: _____

NAME OF CHILDREN	GRADE

Request for permission to register the child/children listed above to attend school in the Carmel Central School District will be based on the following:

{ } In accordance with Board of Education policy 5152, based on your assuming residency in the District within the first 10 weeks of the school year. (Documentation Supplied).

{ } Eligibility for Non -Citizen Yes No

{ } Care and custody of the child/children has been assumed by

NAME: _____

CURRENT ADDRESS _____

TELEPHONE _____

{ } The student is an emancipated minor residing in the District.

{ } Other (explain): _____

{ } APPROVED { } DISAPPROVED

Janet Warden, Assistant Superintendent of Schools