



Port Chester-Rye Union Free School District

2019-2020 Prekindergarten Application

PLEASE PRINT CLEARLY AND COMPLETE ALL AREAS.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Mail or hand-deliver your application to: Elsy Gonzalez, Pre K administrator
113 Bowman Avenue, Port Chester, NY 10573

Child's name _____
Last First

Parent/Guardian Name _____
Last First

Parent/Guardian Address _____
Number and street Apt.# City

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Child's Gender Female Male

Does the child speak English? Yes No If no, please indicate primary language _____

Does the child receive ANY special education services? Yes No

If yes, please list services received:

(Placement of students into integrated classrooms will be determined by the Committee on Preschool Special Education.)

Will you enter more than one child in the Pre-K for 2019-2020? Yes No

The following information is necessary to assist in state and federal monitoring efforts and will not affect a student's assignment.

Ethnic Origin (check one): Hispanic/Latino NOT Hispanic/Latino

Race (check all that apply): Asian Black or African-American American Indian or Alaskan
 White Native Hawaiian or Other Pacific Islander

I affirm that the information included in this application is true and complete to the best of my knowledge. I understand that completing this application does not guarantee my child admission. Upon acceptance into a prekindergarten program, I, as parent or guardian, agree to attend any meetings or orientations that may be required by the school.

Parent/Guardian Signature _____ Date _____