



Directions: Please print clearly in blue or black ink only. Please note that only Parent/Guardians who are New York City residents may submit an application.

P.S. 290 MANHATTAN NEW SCHOOL (02M290)

1 KINDERGARTEN APPLICANT INFORMATION

Applicant First Name, Applicant Last Name, M.I., Date of Birth (2006), House Number, Street Name, Apartment #, Gender (optional), City, State (NY), Zip Code

Borough of Residence (please check one):

Bronx, Brooklyn, Manhattan, Queens, Staten Island

2 OTHER CHILDREN APPLYING TO KINDERGARTEN

Are there other children in your household also applying to Kindergarten for September 2011? 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.

If no, leave this section blank.

OTHER CHILDREN APPLYING TO KINDERGARTEN

Table with 3 columns: First Name, Last Name, Date of Birth (mm/dd/yyyy)

3 SIBLING PRIORITY INFORMATION

Does the applicant have one or more siblings who will be attending this school in September 2011? Yes No

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

If yes, enter the information for each of these siblings below. If no, leave this section blank.

SIBLINGS

Table with 4 columns: Name (First Last), Date of Birth (mm/dd/yyyy), Sept 2011 Grade, Student ID Number (OSIS)

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4 PARENT/GUARDIAN NAME & SIGNATURE

Applications must be signed and dated

Parent/Guardian First Name

Parent/Guardian Last Name

Daytime Phone Number

Evening Phone Number

E-mail Address

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( ) -

By signing this form, I certify that I am the parent/guardian of this applicant, that the applicant and I live at the same address (as listed on this form) and that I am authorized to submit this application on behalf of this child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_