



APPLICATION FOR ADMISSION TO NYC PUBLIC SCHOOL KINDERGARTEN FOR THE 2012-2013 SCHOOL YEAR

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. 163 ALFRED E. SMITH (03M163)

1 KINDERGARTEN APPLICANT INFORMATION

Applicant First Name, Applicant Last Name, M.I., Date of Birth (2007), 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 2012? 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.

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 2012? 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 2012 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

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:

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APPLICATION FOR ADMISSION
TO NYC PUBLIC SCHOOL KINDERGARTEN
FOR THE 2012-2013 SCHOOL YEAR, PART 2
P.S. 163 The Alfred E. Smith School

Program(s) interested in:

(If interested in both, you must rank in your order of preference)

General Education _____ Dual Language (Eng./Span) _____

If applying for the Dual Language program:

What is the child's dominant language? _____

Is the child bilingual (English/Spanish?) (Y/N) _____

Additional Information (Please Print)

Documentation shown:

2 proofs of address _____

Birth Certificate/passport _____

For our information purposes only:

Will your child be testing for the G&T program? (Y/N) _____

Does your child have an IEP? (Y/N) _____

Will your child require placement in the CTT program? (Y/N) _____

FOR OFFICE USE ONLY: CHANCELLOR'S PRIORITY CODE _____