



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT
Central Registration
P O Box 902
Jordan, NY 13080
315-689-8500 ext. 5076

**NOTIFICATION OF DISTRICT RESIDENT ATTENDING
Private/Parochial Schools**

School Year: September 20 ____ to June 20 ____

Student Name: _____
Complete Legal Name of Student (Last, First, Middle)

Home Address: _____
Street City State Zip

Grade (as of Sept. 20 ____): _____ Male / Female
Date of Birth Age (circle one)

Name of Parent/Legal Guardian Telephone Number

Ethnicity/Race:
Please select one or more of the following racial groups that apply to your child (must select at least one):

- American Indian/Alaskan Native Black or African American
 Native Hawaiian/Other Pacific Islander Asian White

Is your child Hispanic, Latino or of Spanish origin? Yes No
(Hispanic, Latino or of Spanish origin means a person of Cuban or South American, or other Spanish culture or origin, regardless of race.)

Name of Private/Parochial School: _____

School Address: _____
Street City State Zip

Proof of Residency (must provide one):

- Mortgage Commitment Lease or Rental Agreement Current Utility Bill
 Recent Property or School Tax Bill Current Pay Stub

I hereby certify that the information above is true and accurate and is without falsehood stated or implied.

Parent/Legal Guardian Signature Date

RETURN ONE APPLICATION PER STUDENT TO THE ABOVE ADDRESS