



Mount Vernon City School District Office of Student Services

165 North Columbus Avenue • Mount Vernon, New York 10553 • 914-358-2380 • Fax 914-665-5170

Kenneth R. Hamilton, Ed. D.
Superintendent of Schools

Enrollment Application for Children Placed by the Department of Social Services/Other Outside Agencies

Date of Application: _____

Name of Child: _____ D.O.B: _____

Case#: _____ CIN#: _____

City Bill#: _____ D.F.Y.#: _____

Name & Address of Placement Agency:

Agency Code: _____

Name of Biological Parent & Address at time of Placement:

Date of Original Placement: _____

School District at time of Child's Original Placement: _____

Name & Address of Foster Parent:

Date of Placement with Foster Parent: _____

School child with be registered in: _____

Grade: _____ Reg / SpEd

Previous School: _____

Grade: _____ Reg / SpEd

Agency Social Worker: _____

Phone Number: _____

State of New York) ss

County of Westchester)

_____, being duly sworn, deposes and says: That he/she makes this application on behalf of said child in his/her capacity as _____, that he/she read the foregoing application and knows the contents thereof, that the same are true of his/her own knowledge except as to those matters therein stated to be alleged upon information and belief, and that as to those he/she believes it to be true, and makes the foregoing statements knowing that the Mount Vernon Board of Education will reply upon the statements therein contained as being true.

Sworn to before me this _____ day of _____, 20____

Social Worker: _____