



BEDFORD CENTRAL SCHOOL DISTRICT  
THE FOX LANE CAMPUS, P.O. BOX 180  
MOUNT KISCO, NEW YORK 10549

**This application is for the enrollment of the children of non-resident employees**

**Directions:** Please submit this application letter to the Office of the Superintendent of Schools no later than February 1 of each school year preceding the year of requested enrollment. Please use one form per child.

I, \_\_\_\_\_, am employed by the Bedford Central School District  
as a \_\_\_\_\_ in the \_\_\_\_\_ school.

I hereby request that my child \_\_\_\_\_, current grade \_\_\_\_\_, be  
enrolled in the District's schools for the 201\_\_-201\_\_ school year as a nonresident student.

[If elementary:] I request that my child be enrolled in the \_\_\_\_\_ school.

I certify that I have legal custody of this child. I have read the attached Guidelines for the  
Enrollment of Children of Non-Resident District Employees (Policy 5152.2), and I fully  
understand them.

\_\_\_\_\_  
(Parent or guardian's name)

\_\_\_\_\_  
(Parent or guardian's signature)

\_\_\_\_\_  
(Date)