

**Westport Central School
55 Sisco Street
Westport, NY 12993
(518) 962-8244**

NON-RESIDENT ENROLLMENT RE-APPLICATION

Please provide all information requested

Student Name _____ Male _____ Female _____

Student D.O.B. _____ Soc. Sec. # _____ Last Grade Completed _____

Parent/Legal Guardian(s) _____

Address _____

City/State _____ Zip _____

Home Phone # _____ Work Phone # _____ e-mail address _____

Describe the reason(s) for making re-application to Westport Central School (please be specific):

We (I) request that _____ be admitted as a student in the Westport Central School District.

Parent/Legal Guardian Signature Date

This request is hereby approved
 disapproved

Superintendent Signature Date

Date Received _____

Time Received _____