

Because our Children Are Reason Enough...

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Teunis G. Bergen School

PS9 New Student Application 2019*

Today's Date: _____ Eligible Grade September 2019: _____

Child's Name: _____ Gender: M F DOB: _____

Address: Street: _____ Apt: _____

City _____ State _____ Zip _____

Home Phone: _____

Parent/Guardian 1 Name _____

Phone: _____ Email: _____

Parent/Guardian 2 Name _____

Phone: _____ Email: _____

Sibling at PS9? Yes _____ No _____

Sibling Name at PS9: _____ Class _____

Sibling Name at PS9: _____ Class _____

*Submit this form with the child's current School Progress Report and IEP, if applicable, to our Main Office. <https://www.schools.nyc.gov/enrollment/enrollment-help/new-students>

-----**For Office Use Only**-----

Proof of Address Provided? Yes No

Which proof of address document was provided? _____

Zoned for PS9 with verified sibling(s) enrolled? _____

Zoned student without siblings applying? _____

Non-zoned student, within District 13, whose verified sibling(s) will be enrolled in grades K-5 September 2019? _____

Non-zoned student, out of District 13, whose verified sibling(s) will be enrolled in grades K-5 September 2019? _____

Non-zoned student, within District, without sibling(s) at PS9? _____

Non-zoned student, out of District, without sibling(s) at PS9? _____

Staff Signature: _____ Date _____