Pleasantville Public Schools

Dr. Felicia Hyman-Medley, Acting-Superintendent

Employee Request for Dependent Enrollment in Pleasantville Public Schools District

(One form for each child to be enrolled)

Staff Member Name: _____ Location: _____

Home Address: _____ City: _____

Phone Number: _____ Cell: _____

Student Information:

1. _____ _____ _____

Name DOB Current Grade

_____

Current School:

Briefly explain why you are seeking to enroll your child(ren) in Pleasantville Public Schools:

_____

_____

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For Official Use Only:

____ Approved _____ Not approved

_____ _____

Dr. Felicia Hyman-Medley, Acting-Superintendent Date

801 Mill Road
Pleasantville, New Jersey 08232
(609) 383-6800 Ext: 2507

Registration Office Use:

Date Received: _____

Date Approved: _____

Student Start Date: _____

Received by: _____