

BLOCK PARENT[®] ADDITIONAL RESIDENT APPLICATION

(Anyone 18 years of age and over)



PLEASE PROVIDE ALL THE INFORMATION REQUESTED ON THIS APPLICATION FORM OR THE APPLICATION CANNOT BE PROCESSED.

PLEASE PRINT

School Area of Residence _____

Full Name of Head of Household _____

Applicant's Full Name _____

Date of Birth: _____ Place of Birth: _____
(Month / Year / Day)

Address: _____ Phone: _____
(House Number & Street Name)

Mailing Address: _____
(Including Postal Code)

Previous Address: _____

From: _____ To: _____
(Month / Year) (Month / Year)

Employer: _____ Work Phone _____

I HEREBY AUTHORIZE THE POLICE TO MAKE SUCH INVESTIGATION AS DEEMED NECESSARY TO APPROVE OR DECLINE THIS APPLICATION.

SIGNATURE OF PERSON NAMED ABOVE:

DATE _____
(Month / Year / Day)

PLEASE RETURN COMPLETED APPLICATION IN A SEALED ENVELOPE TO THE POLICE OR LOCAL BLOCK PARENT COMMITTEE CHAIRPERSON.

Office use only

Application Received Date: _____

Police Screening Date: _____ **By:** _____

Approved Date: _____