

CATO-MERIDIAN CENTRAL SCHOOL
2851 Rt. 370
Cato, NY 13033

THIS APPLICATION MUST BE RECEIVED IN THE DISTRICT OFFICE
NO LATER THAN JUNE 5, 2009

Please Print

NAME _____

ADDRESS _____

TELEPHONE: _____

DATE OF BIRTH: _____ (Must be 16 by July 1st)

GRADE: _____

SOCIAL SECURITY# _____

Do you currently have working papers? Yes No

Do you have any restrictions limiting your
ability to lift, carry or move furniture? Yes No

I hereby affirm that the information provided by me on this application is accurate to the best of my knowledge.

_____ Signature