



ADMISSIONS APPLICATION

Date of Application: _____
 For School Year: ____ Grade Entering: ____

I) Applicant's Information

Name _____
 First **Middle** **Last**

Date of Birth _____ Place of Birth _____ Gender **M** __ **F** __

Home Address _____

Home Phone # _____ Cell Phone # _____

Current School _____

Dates of Attendance _____ Current Grade _____

Current School Address _____

School Phone # _____ School Email _____

Name of School Contact _____ Title _____

Academic History Prior to Current School (please list the most recent school first)

School #1 _____ Dates of Attendance _____

School #2 _____ Dates of Attendance _____

School #3 _____ Dates of Attendance _____

II) Applicant's Family Information

A) Applicant's Parent/Guardian (1)

Name _____

Home Address _____

Home Phone # _____ Cell Phone # _____

Email _____

Occupation _____ Title _____

Employer _____

Business Address _____

Business Phone # _____ Business Email _____

B) Applicant's Parent/Guardian (2)

Name _____

Home Address _____

Home Phone # _____ Cell Phone # _____

Email _____

Occupation _____ Title _____

Employer _____

Business Address _____

Business Phone # _____ Business Email _____

C) Other Family Information

Applicant's Sibling(s)

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are the Applicant's parents separated or divorced? _____

If so, with whom does the Applicant reside? _____

Billing name and address _____

Guardian's Name (if applicable) _____

Address & Contact Information _____

III) Additional Information

1) Why is your son/daughter leaving his or her current school?

2) In your opinion, what are your son's/daughter's greatest strengths?

3) What has given your son/daughter the most difficulty in school?

4) What do you hope your son/daughter will achieve at The Smith School?

5) Please identify any emotional, academic, or health issues experienced by your son/daughter within the last five years. How was your son/daughter and his/her family impacted? What steps were taken to address the issue(s)? What are your expectations of The Smith School in this area?

6) Please describe any issues regarding your son's/daughter's behavior or peer interaction. How can The Smith School help in this area?

7) Is there anything else you think we should know about your son/daughter?

8) How did you hear about The Smith School? _____

Name of Parent or Guardian (Please Print) _____

Signature of Parent or Guardian _____

Date _____

Please submit this application, along with the following documentation:

- Official Transcript(s)
- Report Card(s)
- Copies of all educational, academic, and/or psychological evaluations (if available)
- a current photograph of your child
- Copy of IEP/504 Plan (if available)
- (2) Teacher Recommendation Letter(s)
- Student Writing Sample
- Non-refundable \$50 application processing fee (checks payable to The Smith School)

All materials should be mailed as a completed package, addressed to:

OFFICE OF ADMISSIONS

The Smith School
131 West 86 Street
New York, NY 10024

Or, emailed to admissions@smithschool.org.

Once the School has received these materials, we will contact you to schedule an interview. Our counseling staff reviews all documentation prior to student interview and visit. Prospective student(s) are invited to a full school day visit, arranged Monday-Thursday. Scheduling is prepared with a Learning Specialist.

If you have any questions regarding the application packet or process, please contact our Main Office at 212.879.6354.

Thank you for your interest in The Smith School.



TRANSCRIPT RELEASE FORM

I, _____, hereby authorize and request
(Name of Parent)

_____ to send an official transcript
(Name of Current School)

for _____, to:
(Name of Student)

The Smith School
Attn: Registrar
131 West 86 Street
New York, NY 10024

(Parent Signature)

(Date)

To Parent: Please print, complete, sign and forward this form to your child's current school. This will make it possible for the school to release a copy of your child's transcript to The Smith School. No admissions decisions can be made without an official copy of the transcript.



TEACHER RECOMMENDATION FORM

To the Applicant: Please fill out Part I and then submit the entire form, along with a stamped envelope, to one of your current teacher(s). The envelope should be addressed to:

Office of Admissions
 The Smith School
 131 West 86 Street
 New York, NY 10024

Part I

Applicant's Name _____

Current School _____ Grade _____

School Address _____

School Phone # _____ Email _____

Teacher's Name _____

Subject Taught _____

Part II

To the Teacher: This student is applying for admission to The Smith School. Please complete this form and return it to us as soon as possible. Your comments are valuable to us, and will be made available only to admissions personnel. We appreciate your time and candor in assisting us.

1) Please describe the course you teach the Applicant, and its relative level of difficulty.

2) What grade(s) has the Applicant received? How would you otherwise comment on his or her academic performance?

3) In your opinion, what are the Applicant's greatest strengths?

4) In your opinion, what are the Applicant's chief weaknesses?

5) Please describe the Applicant's personality and character traits.

6) Please evaluate the Applicant's interactions with his/her peers.

7) Please describe for us your own most noteworthy or memorable interaction with the Applicant.

8) Please use this space for any additional comments you may have. What else should we know about the Applicant?

Signature

Date

Print name

Title