



# Saint Albans School

An Independent School in the Anglican Tradition

## 2018-2019 APPLICATION FOR ADMISSION

Applying for:

- Pre-K 2 (2 year-old program)
- Pre-K 3 (3 year-old program)
- Pre-K4 (4 year-old program)
- Kindergarten (5 year-old program)
- Grade \_\_\_\_\_

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male  Female

Current School (if applicable) \_\_\_\_\_

School Address \_\_\_\_\_

School Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Current Grade \_\_\_\_\_

Has your child ever skipped or repeated a grade? Yes  No  If yes, what grade? \_\_\_\_\_

Sibling(s) Age School and Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relatives currently or formerly associated with Saint Alban's School. Relation to applicant.

\_\_\_\_\_

\_\_\_\_\_

**STUDENT INFORMATION**  
**(To be completed by parent)**

How would you best characterize your child?

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Through what kind of activities does your child experience the greatest pleasure and sense of accomplishment? On the flip side, what kinds of activities cause your child stress, tension or discomfort?

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Please list your child's activities (sports, music, extracurricular) and the time invested weekly:

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How did you first learn about Saint Alban's School? Please be as specific as possible.

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How will your child be a good match for Saint Alban's School?

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If your child has been seen by a physician or other professional for an evaluation in any of the following areas, please check the appropriate box and forward a copy of the evaluation to the Admission Office.

- |   |   |
|---|---|
| <input type="checkbox"/> Speech/Language Development      | <input type="checkbox"/> Neuro/Psychological Evaluation (i.e., adhd, add) |
| <input type="checkbox"/> Emotional/Behavioral Development | <input type="checkbox"/> Physical Development                             |
| <input type="checkbox"/> Educational Evaluation           | <input type="checkbox"/> Other  |

Please share any information that will help us to better know your child.

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## FAMILY INFORMATION

### FATHER

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Secondary School \_\_\_\_\_

University \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

Business or Profession \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_ Business Telephone \_\_\_\_\_

### MOTHER

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Secondary School \_\_\_\_\_

University \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

Business or Profession \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_ Business Telephone \_\_\_\_\_

If parents are separated or divorced, please check the appropriate boxes:

Child lives with:                      Father     Mother     Other   
The School should send mail to:    Father     Mother     Both Parents

Additional Instructions

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I understand that the information furnished on this application, together with all other information received by Saint Alban's School from any required source, shall be completely confidential to the extent permitted by law and is not available to the applicant or family.

I also agree to comply with the policies contained in the Saint Alban's School Manual.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

Please send your application fee (\$50) and application to:

Admissions Office  
Saint Albans School  
317 East 50th Street  
New York, NY 10022