



## Application for Admission 2018–19 School Year

Name of Applicant \_\_\_\_\_  
First Last Nickname

\_\_\_\_ Male \_\_\_\_ Female Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Language(s) spoken at home \_\_\_\_\_

### Parent/Guardian Information (resides with the child)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Please circle preferred method of contact

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation/job title \_\_\_\_\_

Employer name/address \_\_\_\_\_

### Educational Background

High school \_\_\_\_\_ Yr./Graduation \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

Graduate school \_\_\_\_\_ Major \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

### Parent/Guardian 2 Information

Same address as applicant? Y / N

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home address ( if different than child)

\_\_\_\_\_

\_\_\_\_\_

Please circle preferred method of contact

Daytime telephone \_\_\_\_\_

Evening phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation/job title \_\_\_\_\_

Employer name/address \_\_\_\_\_

### Educational Background

High school \_\_\_\_\_ Yr./Graduation \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

Graduate school \_\_\_\_\_ Major \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Other caregivers in applicant's life \_\_\_\_\_

### Sibling Information

Name Age Current School/Grade

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Application for Admission 2017–18 School Year (cont.)

### Applicant Background Information

Current school name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Dates attended \_\_\_\_\_ to \_\_\_\_\_  
Prior schools if within the last 3 years \_\_\_\_\_

Please feel free to use a separate sheet of paper to answer the following questions

*Has applicant had a psychological or educational evaluation? Y / N*  
*If yes, when and for what reason?*

*Does the applicant have any physical impairments or allergies that could affect participation in the full range of school activities? Y / N*  
*If yes, give details.*

*Has applicant ever received academic support or tutoring or skipped a grade? Y / N*  
*If yes, please give details*

*Why are you seeking a new school for your child?*

*What interests/appeals to you about the Queens Paideia School?*

*Please describe your child's current hobbies, interests, and activities:*

*Describe your child's relationship with family, friends, and community.*

*In what areas does your child feel most confident? Least confident?*

*Describe ways you are involved with your child's educational growth in and out of the school setting:*

*What activities does your family enjoy doing together?*

**Please return this application to: Queens Paideia School □ 44-02 23<sup>rd</sup> St., Ste, 214 □ Long Island City NY 11101 accompanied by a \$50 application fee made out to The Mechner Foundation.**