

PHILOSOPHY DAY SCHOOL



12 East 79 Street
New York, NY, 10075
212 744-7300

ADMISSIONS APPLICATION

PHILOSOPHY DAY SCHOOL

PLEASE RETURN THIS FORM FIRST

For the school year: _____

For grade: _____

Name of candidate: _____

Name child usually called: _____ Citizenship: _____

Date of birth: _____ Place of birth: _____ Age as of Sept 1: _____

Candidate's current school: _____

School address: _____ Zip: _____

School telephone: _____ Division Head or Placement Director's name: _____

Prior schools attended and dates: _____

Name of Parent: _____

FIRST MIDDLE MAIDEN LAST

Circle one: Mr. Mrs. Ms. Miss Dr. Other _____

Relationship to applicant: _____

Home address: _____

_____ Zip: _____

Home telephone: _____ Fax: _____

E-mail: _____

Elementary school(s): _____

High school(s): _____

College(s): _____ Degree & Date: _____

Professional school(s): _____

Occupation/Title: _____

Employer: _____

Business address: _____

Business tel: _____ Fax: _____

Name of Parent: _____

FIRST MIDDLE MAIDEN LAST

Circle one: Mr. Mrs. Ms. Miss Dr. Other _____

Relationship to applicant: _____

Home address: _____

_____ Zip: _____

Home telephone: _____ Fax: _____

E-mail: _____

Elementary school(s): _____

High school(s): _____

College(s): _____ Degree & Date: _____

Professional school(s): _____

Occupation/Title: _____

Employer: _____

Business address: _____

Business tel: _____ Fax: _____

Please check all that apply:

- Parents married Parents separated Parents divorced Single parent Other
 Father remarried Mother remarried Father deceased Mother deceased

Are you applying for financial aid? Yes No (Financial aid is available for K-5th grade only)

With whom does the candidate live?

If you are separated or divorced, to whom should correspondence be sent?

Mother only Father only Copies to both

What languages are spoken at home?

Have you applied previously to Philosophy Day School for this child? Yes No

If yes, for what Grade? _____ Year: _____

For another child? Yes No

Name: _____

If yes, for what Grade? _____ Year: _____

Kindergarten—5th Grade applicants only: Please request that information from your child's current school be sent directly to Philosophy Day School.

May we also contact the school and past schools?

Yes No

Names and ages of candidate's brothers and sisters:

Name: _____ **Age:** _____

School: _____ **Grade:** _____

Name: _____ **Age:** _____

School: _____ **Grade:** _____

Name: _____ **Age:** _____

School: _____ **Grade:** _____

Relatives who have attended Philosophy Day School:

Name: _____

Relationship to applicant: _____

Class: _____

Name: _____

Relationship to applicant: _____

Class: _____

Other Information

Please indicate any further information that would be pertinent to the care of your child (diet, health, recent or expected changes in the household, etc.) _____

Has applicant received remedial reading and/or psychological evaluation or counseling? Yes No

Comments: _____

How did you learn about the Philosophy Day School? _____

Did you attend an Admissions Open House? Yes No

