



Soundview Preparatory School

Where your child will truly belong.

Application

Date _____

attach photo here
(optional)

APPLICANT INFORMATION

Student's name _____
Last First Middle/Other Preferred name/Nickname

Home address _____
Street City State Zip

Date of birth _____ Male Female Social Security # _____

Current grade _____ Applying for grade _____ Applying for school year _____

Current and previous schools

Name of school Address Dates attended Grades

Name of school Address Dates attended Grades

FAMILY INFORMATION

Mother's/Guardian's name _____

Home address _____
(If different from applicant's) Street City State Zip

Home phone _____ Cell phone _____ Home email _____

Business name _____ Occupation/position _____

Business address _____

Business phone _____ Fax _____ Business email _____

Names of firms, foundations, institutions served as director, trustee, etc. _____

Father's/Guardian's name _____

Home address _____
(If different from applicant's) Street City State Zip

Home phone _____ Cell phone _____ Home email _____

Business name _____ Occupation/position _____

Business address _____

Business phone _____ Fax _____ Business email _____

Names of firms, foundations, institutions served as director, trustee, etc. _____

Applicant lives with _____

Person to be called in an emergency if parent/guardian is unavailable:

Name Phone Relationship to applicant

Student's physician _____
Name Phone Address

Grandparents' names _____

Grandparents' names _____

Address _____

Address _____

Home phone _____

Home phone _____

Email _____

Email _____

Names of firms, foundations, institutions served as director, trustee, etc. _____

Names of firms, foundations, institutions served as director, trustee, etc. _____

Siblings' names

Male

Female

Age

School attending

APPLICANT'S BACKGROUND INFORMATION (Use additional sheet if necessary.)

Has your child ever had an educational evaluation or been tested for learning differences? Yes No

If yes, please describe and, if possible, provide a copy of the report to the Admissions Office _____

Please describe your child's academic strengths and weaknesses _____

Please describe your child's social relationships _____

What are your child's particular interests and talents? _____

Are there aspects of your child's personal, physical or emotional life that you feel are important for our School to understand? _____

Is there any other information that you wish our School to consider? _____

How did you learn about Soundview? _____

Please send notices, correspondence, report cards, bills, to:

Signature of Parent/Guardian _____ Date _____

**PLEASE ENCLOSE A NON-REFUNDABLE \$50 APPLICATION FEE.
A FINANCIAL AID FORM IS AVAILABLE UPON REQUEST.**

Soundview Preparatory School admits students without regard to race, gender, religion, or national and ethnic origin.



Soundview Preparatory School

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