

33-16 79th Street . Jackson Heights, NY 11372 . 718-335-6363

Garden School Application for Admission

Date: _____

Student Name _____ Applying for Grade _____

Date of Birth _____ Male/Female _____

Social Security Number _____

Home Address _____

Home Telephone _____

Current School _____

School Address _____

May we request records? _____

Parent/Guardian Name _____

Business Name and Address _____

Daytime Phone _____

E-mail Address _____

Parent/Guardian Name _____

Business Name and Address _____

Daytime Phone _____

E-mail Address _____

With whom does the child reside? _____

How did you hear about Garden School? _____

Has your child previously attended or applied to Garden School? _____

If so, when? _____

Is English your child's first language? _____

If not, what language is spoken at home? _____

Does your child have any special learning needs? _____

If so, please describe them:

Does your child have any after-school commitments?

Tutoring: _____

Special Lessons: _____

Sports/Clubs: _____

Other: _____

Garden School requires an interview and school records as part of the admission process. Please return this form with a \$40 non-refundable application fee and call (718) 335-6363 to schedule an appointment.

Signature of Parent or Guardian _____
