Whispering Pines SDA School

Attach

Photo

Here

**For Office Use Only**

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_

Testing Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C / GNYC / NE / NSDA

Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

211 Jericho Turnpike ⯌ Old Westbury, NY 11568

🕿: (516) 997-5177 ⯌ Fax: (516) 997-2138

Website: www.whisperingpinesschool.org

2023 - 2024
APPLICATION FOR ADMISSION
Please fill in every space (if not applicable, mark N/A)

Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |   Gender: 🞎 Male |
| Student’s First Name | Middle Name | Last Name |  | Grade Entering |  🞎 Female |
|  |  |  |  |  |  |
| Home Address | City | State Zip |  |  | Home Phone |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Birth |  | Birthplace |  | Country of Citizenship |  | Social Security # |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Church Student Attends |  | Racial/Ethnic Group:(*for statistical purposes only)** African American
* Caucasian
* Hispanic
* Asian
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  | Primary Language* English
* Spanish
* French
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| Denomination |  |  |  |
| Baptized: 🞎 Yes 🞎 No |  |  |  |
| If Yes, Date of Baptism |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Previous School Attended |  | # of years |  | Grades |  | How did you learn about WPS? |

Family Information

Marital Status of Natural Parents: 🞎 Single 🞎 Married 🞎 Separated 🞎 Divorced 🞎 Widowed

Who has legal custody of Student? 🞎 Mother 🞎 Father 🞎 Both/Joint 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Father’s Information  | Mother’s Information  | Guardian’s Information  |
| Name  |  |  |  |
| Address  |  |  |  |
| City, State, Zip  |  |  |  |
| Home Phone  |  |  |  |
| Cell Phone  |  |  |  |
| Work Phone  |  |  |  |
| E-mail Address  |  |  |  |
| Company Name  |  |  |  |
| Company Address  |  |  |  |
| Occupation  |  |  |  |
| Social Security #  |  |  |  |
| U.S. Citizen  | 🞎Yes 🞎 No  | 🞎Yes 🞎 No  | 🞎 Yes 🞎 No  |
| Baptized SDA  | 🞎Yes 🞎 No  | 🞎Yes 🞎 No  | 🞎 Yes 🞎 No  |
| Church Membership  |  |  |  |

**To be considered for admission, a $50 non-refundable application fee must be returned with this completed application.**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2023-2024

Emergency Contact Information

Please list ALL persons to contact in case of an emergency:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name  | Relationship  | Home Phone  | Cell / Pager  | Work Phone  | Authorized to pick up?  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Does student have any health conditions that would limit his/her participation? Yes  No

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has student received any special services, special placement and/or an IEP? Yes  No

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has student ever been suspended or dismissed from any school? Yes  No

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has student been evaluated for educational, learning, behavioral, or psychiatric reasons? Yes  No ***(Please note: Withholding or omitting information may result in the dismissal of student.)***

If yes, please provide a copy of test results and the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication prescribed? Yes  No Doctor’s Name & Phone # Date of evaluation

What special abilities does student have? (i.e., academic, athletic, artistic, musical, special awards)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling/Alumni Connections

Does student have any siblings currently attending Whispering Pines SDA School?

|  |  |  |
| --- | --- | --- |
|  Name  | Relationship  | Grade  |
|  |  🞎 Brother 🞎 Sister |  |
|  |  🞎 Brother 🞎 Sister |  |
|  |  🞎 Brother 🞎 Sister |  |
|  |  🞎 Brother 🞎 Sister |  |

Does student have family members who have attended Whispering Pines SDA School in the past?

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Relationship  | Years Attended  | Grades  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*I hereby submit this application for admission of my child to Whispering SDA School and have truthfully answered all questions. I understand my child is not enrolled or guaranteed placement, until accepted by the admissions committee.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date