

Attach
Photo
Here

Whispering Pines SDA School
 211 Jericho Turnpike ♦ Old Westbury, NY 11568
 ☎: (516) 997-5177 ♦ Fax: (516) 997-2138
 Website: www.whisperingpinesschool.org

For Office Use Only	
Application Date:	_____
Amount Paid:	_____
Check #:	_____ By: _____
Testing Date:	_____
C / GNYC / NE / NSDA	
Church:	_____

2024 - 2025
APPLICATION FOR ADMISSION
 Please fill in every space (if not applicable, mark N/A)

Student Information

Student's First Name		Middle Name	Last Name	Grade Entering	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip	Home Phone
Date of Birth	Birthplace	Country of Citizenship		Social Security #	
Church Student Attends		Racial/Ethnic Group: <i>(for statistical purposes only)</i>		Primary Language	
Denomination		<input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other _____	
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptized SDA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church Membership			

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

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
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	
	<input type="checkbox"/> Brother <input type="checkbox"/> 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