

THE LOWELL SCHOOL
www.thelowellschool.com

*203-05 32nd Avenue
Bayside, New York 11361
718-352-2100
Elementary & Middle School*

*24-20 Parsons Boulevard
Flushing, New York 11357
718-445-4222
High School*

APPLICATION FOR ADMISSION

Date: _____

Child's Name _____ Date of Birth _____
(Last) (First) (Middle)

Male _____ Female _____

Address: _____
(Street) (City) (Zip)

Telephone: (_____) _____

Social Security Number: _____

Current School: _____ Present Grade: _____

School Contact Person: _____ Phone Number: (_____) _____

Region/District: _____

High School Credits Earned: _____

Please attach a
recent photograph of
your child

Please list all schools attended:

School	City & State	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Information

__ Ms. __ Mrs. __ Mr. __ Dr.

__ Ms. __ Mrs. __ Mr. __ Dr.

Name _____
(Last) (First) (Middle)

Name: _____
(Last) (First) (Middle)

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Telephone: (_____) _____

Home Telephone: (_____) _____

Work Telephone: (_____) _____

Work Telephone: (_____) _____

Cell Phone: (_____) _____

Cell Phone: (_____) _____

E-Mail Address: _____

E-Mail Address: _____

Occupation: _____

Occupation: _____

Employer's Name: _____

Employer's Name: _____

If your child does not live with both parents in one household, please answer the following:

Are parents: Separated Divorced Single

Who is the legal guardian? _____

With which parent does the child live? _____

Was your child adopted? If so, at what age? _____

List all people living in your household:

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

List names and ages of any brothers or sisters living outside of the home:

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us about your child:

Strengths: _____

Study and work habits: _____

What poses the greatest difficulty for your child? (academic/social) _____

Please describe your child's non-academic special interests and abilities: _____

Has your child had any special physical, emotional or health problems? Yes No

If so, please explain: _____

Is your child taking medication? _____

If so, please specify:

Name of Medication	Dosage	Time(s) of Day
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your expectations upon your son's/daughter's High School graduation? (High School applicants only) _____

How did you find out about Lowell? _____

Have you ever applied to Lowell in the past? _____ No _____ Yes If yes, when? _____

Is there any other information that you think would be relevant? _____

Please enclose a nonrefundable application fee of \$50.00 payable to The Lowell School

Please return this application with the application fee to:

Elementary/Middle School

High School

Ruth Joseph
Clinical Coordinator
The Lowell School
203-05 32nd Avenue
Bayside New York 11361
rjoseph@thelowellschool.com

Rona Wasserman
Clinical Coordinator
The Lowell School
24-20 Parsons Boulevard
Flushing, New York 11357
rwasserman@thelowellschool.com

(The fee is waived for funded applicants.)

IMPORTANT: PLEASE FILL OUT THE RELEASE FORM ON THE BACK OF THIS APPLICATION

FOR SCHOOL USE ONLY

Date application received _____

Application fee received _____

Date of check _____

Check # _____

Other _____

The Lowell School does not discriminate on the basis of race, color, religion, sexual orientation, national or ethnic origin in administration of its admissions policies, educational policies, and athletic and other school-administered programs.

THE LOWELL SCHOOL

RELEASE FORM

Child's Name: _____ Date of Birth: _____
(Last) (First) (Middle)

I give The Lowell School permission to contact my child's school, outside agencies or any professional(s) currently working with my child.

NAME	RELATIONSHIP TO CHILD	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that admissions questionnaires and any other reports provided by teachers or therapists to The Lowell School as part of the admissions process will be confidential and will not be made available to parents or released to third parties without the express written consent of the person who prepared the report.

Parent's Name: (Please print) _____

Parent's Signature: _____

Date: _____