



Adelphi Academy

Education is, not a preparation for life; education is life itself.

~John Dewey~

FORM A

APPLICATION FOR ADMISSION

Date: _____

Student's Full Name: _____ Grade Applying For: _____

Proposed Date of Entry: _____ Present School: _____
Last First Middle
mm/dd/yyyy

School Address: _____

Date of Birth: _____ Male Female City Place of Birth: _____ State Zip Code
mm/dd/yyyy City / State / Country

Full Name of Father/Male Guardian: _____ Telephone: _____

Residence Address: _____

Neighborhood: (For Demographical Purposes Only) _____
Street City State Zip Code

Name of Firm and/or Business: _____ Telephone: _____

Business Address: _____

Position or Title: _____
Street City State Zip Code

Full Name of Mother/Female Guardian: _____ Telephone: _____

Residence Address: _____

Neighborhood: (For Demographical Purposes Only) _____
Street City State Zip Code

Name of Firm and/or Business: _____ Telephone: _____

Business Address: _____

Position or Title: _____
Street City State Zip Code

With Whom Does the Child Live? _____

Name and Address for Billing: _____

Family Physician: _____ Telephone: _____
Street City State Zip Code

Are there any Medical Situations, or Conditions that might affect School Performance? Yes No

If so, Please Explain: _____

Please return Application with a \$100.00 Non-Refundable Processing Fee of cash, money order or check made payable to Adelphi Academy.

Adelphi Academy

8515 Ridge Boulevard
Brooklyn, New York 11209-4307

phone: 718-238-3308
fax: 718-238-2894

adelphiacademy.org