



THE CHILDREN'S STOREFRONT

An Independent School In Harlem
Accredited by The New York State Association of Independent Schools

APPLICATION FOR ADMISSIONS - 2010-2011

***PLEASE COMPLETE ALL INFORMATION; INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

APPLICANT INFORMATION

Student's First Name _____ Last Name _____

Preferred Name or Nickname _____ Gender Male Female

Applying for Grade _____ For the Academic Year _____

Date of Birth _____ Place of Birth _____

Student lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other
Mail should be sent to:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Relationship to Student _____

Relationship to Student _____

Home Address _____

Home Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Country of Birth _____

Country of Birth _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone _____

Work Phone _____

What is the student's primary language? _____

What language(s) is/are regularly spoken at home? _____

Ethnic Background (optional)	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other (please specify) _____			

How did you hear about the Children's Storefront?

Please share any family circumstances which you believe are important. How will The Children's Storefront benefit your child? Feel free to attach an extra sheet, if necessary.

FAMILY INFORMATION

OTHER CHILDREN in Family/Household

Name _____	Age _____	Relationship to applicant _____
Applying to TCS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently attending TCS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	Age _____	Relationship to applicant _____
Applying to TCS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently attending TCS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	Age _____	Relationship to applicant _____
Applying to TCS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently attending TCS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VERY IMPORTANT – PLEASE DO NOT SKIP THIS STEP!

The Children's Storefront is a tuition-free, independent school. Federal guidelines based on household size and family annual income determine eligibility for free and reduced price meals. Please see the attached document and verify your family's income based on these guidelines. Then check one of the boxes below:

Eligible for free or reduced lunch Not eligible

SCHOOL INFORMATION

Current School/Day Care _____ Grade _____ Dates Attended _____

School Address _____ City _____ State _____ Zip _____

School Phone Number _____ Name of Head of School/Principal _____

Other Schools Attended (please include dates)

_____ Dates Attended _____

_____ Dates Attended _____

_____ Dates Attended _____

Tell us about your child's experiences in school, academically and socially.

Our goal is to meet every child's needs. To help us achieve this, please answer the following questions:

1. Does your child have an IEP? Yes No

2. Does he/she currently receive services? Yes No

If yes, please specify below:

Speech/Language Physical Occupational Counseling SEIT

3. Does your child have any medical needs/issues? Yes No

4. Is he/she on any medication? Yes No If yes, please specify _____

**Please return your completed application to:
The Children's Storefront, 70 East 129th Street, New York, NY 10035
Attention: Admissions**

Your signature below affirms the completeness and accuracy of the information supplied on these pages and your application is NOT COMPLETE without.

Signature of Parent/Guardian _____ **Date** _____

There is no waiting list. You must reapply each year if your child is not accepted upon your first application. The Children's Storefront does not discriminate on the basis of race, color, religion, gender, ethnic origin, age, disability, or sexual orientation in administration of its educational policies, admission policies, financial assistance, and other school administered programs.