



550 Post Avenue  
Westbury, New York 11590  
(516)333-3178  
Fax: (516)333-1353

For Office Use Only:

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

Credit card: \_\_\_\_\_

Date rec'd: \_\_\_\_\_

## Application for Admission

\_\_\_\_\_ School Year

Please send the completed application with a **non-refundable \$50 application fee made out to Westbury Friends School, and a copy of your child's birth certificate** to: Director of Admissions, Westbury Friends School

Name of Applicant \_\_\_\_\_

Applicant prefers to be called \_\_\_\_\_

Applying for Grade \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City/State, Zip \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_  
Home Telephone Preferred email address

\_\_\_\_\_ **For K - 5:** Will you be requesting bus transportation from  
School District (official name of school district in which you live) your school district? YES /NO

### Parent Information:

Parent /Legal Guardian A

Parent/Legal Guardian B

Occupation/Title

Occupation/Title

Employer

Employer

Address

Address

Business Telephone

Business Telephone

Cell Telephone

Cell Telephone

Student lives with (please check all that apply):

Father  Mother  Stepfather  Stepmother  Other (Relationship) \_\_\_\_\_

Communication from school should be addressed to: \_\_\_\_\_

(continued on back)

Names of Siblings	Date of Birth	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Dates Attended: \_\_\_\_\_  
 Name of Present School or Day Care Provider

\_\_\_\_\_ Zip \_\_\_\_\_  
 Street Address

\_\_\_\_\_ Phone Number \_\_\_\_\_  
 Name and Title of Contact Person

Please list any other schools previously attended.  
 \_\_\_\_\_

Has any member of your family attended a Friends School or college? \_\_\_\_\_

If yes, name of school: \_\_\_\_\_

If a member of the Religious Society of Friends, which Meeting: \_\_\_\_\_

Please tell us about any interests, hobbies, and/or talents you have observed in your child. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please comment briefly on why you wish to have your child attend Westbury Friends School.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All information provided on this form is, to the best of my knowledge, accurate and complete.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

You will be contacted shortly to arrange a school visit for your child. Thank you for applying to Westbury Friends School.