For Office Use Only

File # _____ Student Name _____ Grade Entering _____

(FA) ☐ ($50 Fee) ☐

210 East 77th Street
New York, NY 10075
212-861-0404
Fax: 212-879-3388
Email: admissions@bwl.org
Website: www.BWL.org

Date of Application _____ / _____ / _____
Month Day Year

Tour _____ / _____
Date Time

Interview _____ / _____
Date Time

PLEASE DO NOT WRITE ABOVE DOTTED LINE

Application for Admission

(Please complete all forms)

For the school year _____ For Grade _____

Name of candidate _____ M☐ F☐

Name child usually called _____ Date of Birth _____

Candidate's country of citizenship _____

Candidate's present school _____ years attended _____

School address _____

_____ Zip _____ Phone _____

May we request information from student's school? _____

Who referred you to Birch Wathen Lenox? _____

Has this student ever applied to our school before? If so, when? _____

Please list names of any relatives who attended Birch Wathen, Lenox or Birch Wathen Lenox.

_____

_____

Parent A

(Please indicate appropriate title with your name: Mr., Mrs., Dr., Prof., etc.)

Name ( ) _____
Title

Maiden Name _____

Address _____

_____ Zip _____

Home phone _____

Occupation _____

Employer _____

Business Address _____

_____ Zip _____

Business Phone _____

Mobile Phone _____

Fax # _____

Email _____

_____
Parent Secondary School

_____
Parent college and degree(s)

Parent B

(Please indicate appropriate title with your name: Mr., Mrs., Dr., Prof., etc.)

Name ( ) _____
Title

Maiden Name _____

Address _____

_____ Zip _____

Home phone _____

Occupation _____

Employer _____

Business Address _____

_____ Zip _____

Business Phone _____

Mobile Phone _____

Fax # _____

Email _____

_____
Parent Secondary School

_____
Parent college and degree(s)

With whom does the candidate live? _____

Names and ages of candidate's sibling(s):

_____ School _____

_____ School _____

_____ School _____

Are you applying for financial aid? _____

PLEASE ENCLOSE THE APPLICATION FEE OF $50.

_____
Signature of parent Date

The Birch Wathen Lenox School does not discriminate in its admission and employment policies and practices on the basis of race, creed, color, sex or national origin.

Student Academic History

Student's Name_____

Applying for Grade:_____ For Year:_____

Please list below all schools your child has attended starting with preschool.

	School Name	School Address & Phone	Year(s) attended
Preschool			
Kindergarten-Grade 5			
Middle School			
High School			

Please be advised that The Birch Wathen Lenox School may contact one or more of the above listed schools for further information.

The Birch Wathen Lenox School, 210 East 77th Street, New York, NY 10075
Tel: 212-861-0404, Fax: 212-879-3388, Email: admissions@bwl.org

THE BIRCH WATHEN LENOX SCHOOL

1916

Citizenship Questionnaire

Dear Prospective Parents(s):

We are so delighted about your interest in The Birch Wathen Lenox School. Due to recent changes in immigration law, we are including the form below as a required part of the application process.

As of January 2002, the U.S. Immigration and Customs Enforcement and S.E.V.I.S. (Student and Exchange Visitor Information System) require us to identify "non-immigrant" students who are here on student visas. Therefore, we need you to provide us with information regarding the status of your child's citizenship.

Please indicate your child's status on the form below and return it to us with your application.

We greatly appreciate your cooperation in this important matter.

Sincerely,

Billie Williams
Admissions Coordinator

My child(ren) _____ is / is not
Print Name(s)

a citizen of The United States.

If not, please indicate the type of visa: _____
(Please enclose copy of visa)

_____
Parent Name

Please accept this as my signature