



255 West 71<sup>st</sup> Street, New York, NY 10023  
Phone 212-873-5708 • Fax 212-873-2345  
[www.westenddayschool.org](http://www.westenddayschool.org)

Dear Parents and Guardians,

As I hope we've conveyed in the Admissions section of our website, we have tried to make our application process as easy, yet as thorough, as possible. We take a holistic approach in educating our children and your input is an invaluable tool in understanding *your* child's needs. We are committed to developing the best and most comprehensive individualized plan.

Thank you so much for your interest in our school; we look forward to speaking with you after we review your material.

We will need the following forms for an application to be considered:

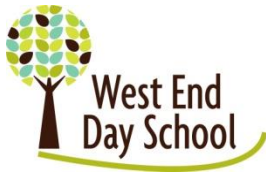
- Application Form**
- Photograph**
- \$100 non-refundable application fee** payable to *West End Day School*
- Neuropsychological, speech & language, and educational evaluations**
- Most recent report card**
- Immunization and Health Record**
- Provider Information and Consent Form**

If you have any questions, please feel free to contact:

Jennifer Susser, L.C.S.W.  
Admissions Office  
212-873-5708 x303  
[admissions@westenddayschool.org](mailto:admissions@westenddayschool.org)

Please return all forms to:

West End Day School, Admissions Office  
255 West 71<sup>st</sup> Street  
New York, NY 10023



## APPLICATION FOR ADMISSION

Please print or type

We are applying for:

- Immediate Placement
- September \_\_\_\_\_  
Year
- Summer Learning Program

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

My child likes to be called: \_\_\_\_\_

My child currently attends: \_\_\_\_\_ Present Grade: \_\_\_\_\_

To whom may we speak with at your child's school? \_\_\_\_\_  
Name/Position at School

Phone Number of School: \_\_\_\_\_

How did you learn about WEDS? \_\_\_\_\_

### Parent/Guardian Information

Ms.  Mrs.  Mr.  Dr. Other Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_

Work Telephone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Ms.  Mrs.  Mr.  Dr. Other Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_

Work Telephone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_

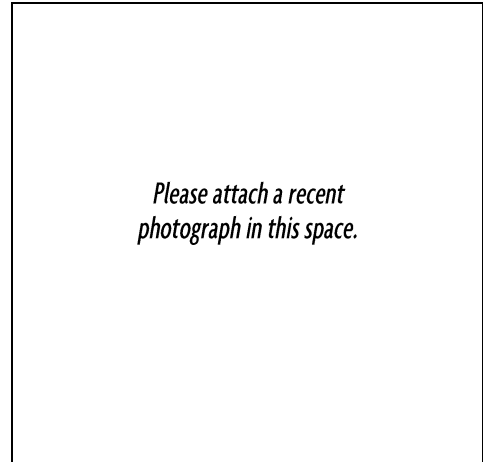
Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Bills should be sent to: \_\_\_\_\_  
Name & Address



*Please attach a recent  
photograph in this space.*





6. Please describe your child's personality.

Family and Home Life

1. Have there been changes in the family make-up from your child's birth to the present?

2. What is your child like at home? (eating, sleeping, playing, etc.)

3. Please describe your child's relationships and how they developed (with siblings, family members, peers, adults, other children). Who are the important people in your child's life (e.g. caretakers)?

4. Looking at in your family background, are you aware of any issues and with whom? Please check and provide any information.

- Learning Disabilities \_\_\_\_\_
- Speech/Language Problems \_\_\_\_\_
- Motoric Difficulties \_\_\_\_\_
- Psychiatric Illness \_\_\_\_\_
- Drug/Substance Abuse \_\_\_\_\_
- Traumas \_\_\_\_\_

## School Beginnings

1. Where did your child attend:

Nursery School? \_\_\_\_\_

Pre-K? \_\_\_\_\_

Kindergarten? \_\_\_\_\_

2. Please list any on-going schools as relevant.

3. Please describe the development of your child's learning. What do you feel are strengths? What do you feel is challenging?

4. What have teachers told you about your child? What have you and your teachers noticed about your child?

## Your Observations

1. What do you feel may be preventing your child from being successful at school?
2. What would you like West End Day School to accomplish for you and your child?
3. What would you want us to know most about your child and family?
4. Did we forget anything?

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A \$100 non-refundable fee is payable to West End Day School.**

Return this application to: West End Day School, Admissions Office  
255 West 71<sup>st</sup> Street  
New York, NY 10023

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**For School Use Only**

Admissions Notes:

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Date Application Received \_\_\_\_\_

Received by: \_\_\_\_\_

Application Fee Received \_\_\_\_\_

Check #: \_\_\_\_\_ Date of Check \_\_\_\_\_





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### Provider Information and Consent Form

Please list the professionals (e.g. psychologists, neurologists, language therapists, etc.) who have evaluated or worked with your child to date. Please use an additional sheet if needed and make sure to sign authorization on all sheets.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Specialization: \_\_\_\_\_

Specialization: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Specialization: \_\_\_\_\_

Specialization: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Specialization: \_\_\_\_\_

Specialization: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Please list any prescription medicine your child receives if applicable.

Type and Dosage: \_\_\_\_\_

Reason: \_\_\_\_\_

Name of Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list medications tried in the past: \_\_\_\_\_

I (We) authorize West End Day School Staff to communicate with and review my child's functioning either by telephone, in person, or in writing with all the professionals listed above. Please note that we need the consent of both parent(s)/guardian(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_