



Applying to



The  
Windward  
School



# Welcome from the Admissions Office

The Admissions Office is committed to working with you through the admissions process and is available to provide you with any support you may need. Please do not hesitate to contact us with any questions or concerns. You can also learn more by visiting our website at [www.thewindwardschool.org](http://www.thewindwardschool.org).

Sincerely,

**ToniAnn Hutchison**  
Director of Admissions

**Tristes Dunn**  
Assistant Director of Admissions

**Robin McDonough**  
Coordinator of Admissions,  
Westchester Campuses

**Carly Lillo**  
Coordinator of Admissions,  
Manhattan Campus

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## Instructions for Completing the Application

1. **DOWNLOAD** this pdf to your device **BEFORE** filling out the form. You may print and complete the form OR you may complete the form electronically on your device. Note: If electronically signing the application, you must first download the pdf before completing the form.
2. Once you complete the form, **SAVE** the pdf file to your device.
3. **EMAIL** the completed application with a non-refundable application fee to the Admissions Office at [admissionsinquiry@thewindwardschool.org](mailto:admissionsinquiry@thewindwardschool.org).

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## Contact the Admissions Team

**Joan Barrett**  
Administrative Assistant, Westchester Lower & Middle Schools  
Phone: (914) 949-6968, ext. 2221 • Email: [jbarrett@thewindwardschool.org](mailto:jbarrett@thewindwardschool.org)

**Beckham Lindon**  
Administrative Assistant, Manhattan Lower & Middle Schools  
Phone: (212) 222-8628, ext. 3149 • Email: [blindon@thewindwardschool.org](mailto:blindon@thewindwardschool.org)

**Christine Ortiz**  
Administrative Assistant, Westchester Lower & Middle Schools  
Phone: (914) 949-6968, ext. 2258 • Email: [cortiz@thewindwardschool.org](mailto:cortiz@thewindwardschool.org)

# Student Information *(To be completed by parent/guardian)*

Student's Full Name

Preferred Nickname

Date of Birth

Current Grade

Address

City/State/Zip

## PARENT/GUARDIAN

Mr. Mrs. Ms. Dr. Other

Name

Home Address *(if different than applicant)*

City/State/Zip

Home Telephone

Primary Cell Phone

Email

Occupation

Title

Employer

Business Address

Business Telephone

Education (check all that apply)

High School

College/Vocational

Graduate

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Name

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Title

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Business Telephone

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Graduate

If parents are separated or divorced, who has legal guardianship of the student?

## CAMPUS CHOICE

I would like my child to attend the Manhattan campus.

I would like my child to attend the Westchester campus.

## HOW DID YOU LEARN ABOUT THE WINDWARD SCHOOL?

Current Windward Parent *(name)*

Windward Alumnus/na *(name)*

Current School *(name)*

Word of Mouth

Website

Other *(specify)*

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*The following item is optional.*

## BACKGROUND OF STUDENT

Asian

Black or African American

Middle Eastern

Pacific Islander

Native American

Hispanic or Latino

White

Multiracial *(specify)*

Other *(specify)*

## THE WINDWARD SCHOOL NONDISCRIMINATION POLICY

The Windward School does not discriminate in admissions, employment, or administration of programs on the basis of any category protected by applicable law.

# Family Information

Please list the name, age, and schools of student's siblings.

Name	Age	Present School	Previous School

Is this student adopted?	At what age?	Birth Place

Describe the student's relationship with each parent/guardian.

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Describe the effects of the student's academic difficulties on their home life.

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Have there been any traumatic events in the student's family life that might have an effect on their functioning?

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## HEALTH INFORMATION

Has the student been hospitalized? Please give dates and reasons.

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Is there a relationship between the student's physical health and their learning difficulties?

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What medication does the student currently take? For what reason?

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Describe any current health problems.

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Describe any physical handicap the student has that might limit their participation in the program at The Windward School.

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# School History Information *(To be completed by parent/guardian)*

What special services has the student received in school?

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What special services has the student received outside of school?

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Describe any discipline and/or behavioral problems the student has exhibited in school.

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Has the student had excessive absences from school? If so, what were the circumstances?

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Has the student been retained?

If so, which grade?

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What are the student's academic strengths?

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What are the student's academic weaknesses?

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Does the student acknowledge their learning difficulties?

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## SCHOOL HISTORY

Please use the form below to give the student's school history.

<b>School Year/Grade</b>			<b>Name and full address of school</b>	<b>Type of program</b>
20	-20	Grade		

20	-20	Grade		
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20	-20	Grade		
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20	-20	Grade		
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20	-20	Grade		
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## EMOTIONAL AND SOCIAL DEVELOPMENT

Comment on the student's self-esteem and self-confidence.

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Does the student make friends easily? Are friendships maintained?

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Do you feel the student's social and emotional development has been influenced by their learning difficulties? Please explain.

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How does the student respond to authority figures?

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What extracurricular activities or hobbies does the student enjoy?

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What psychological or psychiatric counseling, if any, has the student received? (Please note dates and names of therapist.)

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# Sources of Additional Information

List all professionals who have evaluated or worked with the student. Include field of expertise, dates, and telephone number.

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How do you expect The Windward School to help your child?

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Name of person preparing this application

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Signature

Date

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Please email this completed application, with a non-refundable application fee of \$50 to [admissionsinquiry@thewindwardschool.org](mailto:admissionsinquiry@thewindwardschool.org).

**If a screening is scheduled, there will be an additional \$300 fee.**

## THE WINDWARD SCHOOL NONDISCRIMINATION POLICY

The Windward School does not discriminate in admissions, employment, or administration of programs on the basis of any category protected by applicable law.

# Release of Information

To the Parent/Guardian:

Please complete this form and return it with your application. List all professionals who would be able to provide us with relevant information, including the child's current or most recent teacher. It is understood that the information is requested for professional use and will remain confidential.

I hereby give The Windward School permission to request information regarding my child:

Name of Student \_\_\_\_\_ from the following professionals.

Name	Position	Telephone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of person preparing this application \_\_\_\_\_

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

Please email this completed application, with a non-refundable application fee of \$50 to [admissionsinquiry@thewindwardschool.org](mailto:admissionsinquiry@thewindwardschool.org).