

Leif Ericson Day School
1037 - 72 Street
Brooklyn, NY 11228
(718) 748-9023

APPLICATION FOR ENROLLMENT
2017 - 2018 School Year

Date _____ Applying for Grade _____
Pre School 4 yr. olds : 5-day half day _____ full day _____
Pre-School 3 yr. olds : 3-day half day _____ full day _____
Pre-School 3 yr. olds : 5-day half day _____ full day _____

Name: _____ Boy _____ Girl _____
(Last) (First)

Address: _____ City _____ Zip _____

Telephone: _____ Social Security # _____

Date of birth _____ Place of birth _____

Present grade/school _____

Present school address _____

Child's religion _____ Date of baptism _____

Child's church/address _____

Father/Guardian's name _____ Social Security # _____

Address (if different than above) _____

City _____ Zip _____ Cell phone _____

Occupation _____ Bus. Phone _____

Mother/Guardian's name _____ Social Security # _____

Address (if different than above) _____

City _____ Zip _____ Cell phone _____

Occupation _____ Bus. Phone _____

In what way would either of your occupations benefit your child's school?

Primary e-mail contact _____

Emergency contact _____ Phone _____

PLEASE UPDATE EMERGENCY CONTACT INFORMATION AS NEED ARISES.

Pertinent medical information: _____

✂ Cut along dotted line

How did you hear about our school? _____

What do you consider to be your child's strengths and weaknesses in school? _____

Are there any physical, social, emotional, intellectual characteristics of which the school should be aware?

I UNDERSTAND THAT NO TRANSCRIPT/RECORDS WILL BE RELEASED UNLESS ALL FINANCIAL OBLIGATIONS ARE SATISFIED FOR THIS CURRENT SCHOOL YEAR.

I understand that all fees, including application and registration fees, are non-refundable.

I certify that, to the best of my knowledge, this information is accurate and complete.

In desiring enrollment I agree to cooperate in accordance with the policies stated in the Parent/Student Handbook and support all school programs.

Date: _____ Parent/guardian signature: _____

Applications for enrollment are considered without regard for religion, race, sex, color, national or ethnic origin.

MEDIA PERMISSION:

By signing this application and upon my child being enrolled, I give Leif Ericson Day School the perpetual, royalty-free right to use my child's photo(s) in any manner they wish, whether combined with other photos or text (children's names will NOT be used) in school publications, press releases, and on the school website.

SCHOOL USE ONLY

Date received _____ Tour date _____

Application fee paid _____

Interview/testing date _____ Accepted _____ Not accepted _____

Records received: Test scores _____ Report card _____

Immunization record _____ Birth certificate _____

Confirmation of acceptance _____ or waiting list _____

Starting date _____