

Bank Street School for Children

Applicant Information

For Academic Year: _____ Grade applying to: _____ Date of Birth: _____ Age as of September 1 of the Academic Year: _____

First Name: _____ Middle Name: _____ Preferred Name: _____

Last Name: _____ Gender Identity: ☐ Male ☐ Female ☐ Self-Identify

Address: _____ Apt: _____

City: _____ State/Country: _____ Zip: _____

Has applicant applied to Bank Street before? ☐ Yes ☐ No If yes, to what grade? _____ For Academic Year? _____

Optional Picture

It is our goal at Bank Street to maintain a diverse community in all respects. This is one reason why we inquire about the child's racial/ethnic identity.

Part I: Student Self-Identification (optional): We are interested in knowing your child's racial/ethnic identity. We have listed below the categories used by accrediting organizations and government agencies that require us to provide summary information on our applicant pool. If you feel this list does not include a choice that represents your child's identity, please include the appropriate information on the line marked Additional Information.

☐ Black/African-American ☐ White ☐ East Asian ☐ South Asian ☐ Latino/Hispanic ☐ Middle Eastern ☐ Native American

Additional Information _____

Part II: Additional Information: 1. In what country was your child born? _____ 2. Was your child adopted? _____ 3. If so, at what age? _____

4. If your child was born outside of the USA, how old was your child when your child moved to the USA? _____ 5. What is the primary language spoken in your child's home? _____

6. Does your child speak or understand any language other than English? _____

Parent / Guardian 1 Information (Primary contact/parent who resides with the child)

Name: _____ Relationship to child: _____

Occupation _____ Job Title _____

Business Name/Address _____

Education background: _____

Are you Bank Street Faculty/Staff? ☐ Yes ☐ No Are you a Bank Street School for Children alum? ☐ Yes ☐ No Dates of attendance: _____ Please complete all of the information below and check preferred method of contact

☐ Business Telephone: _____ ☐ Business Email: _____

☐ Home phone: _____ ☐ Cell phone: _____ ☐ Home Email: _____

Parent / Guardian 2 Information

Same home address as Applicant? ☐ Yes ☐ No

Name: _____ Relationship to child: _____

Home Address (if different than child): _____ Apartment #: _____

City: _____ State/country: _____ Zip: _____

Occupation: _____ Job Title: _____

Business Name/Address: _____

Educational background: _____

Are you Bank Street Faculty/Staff? ☐ Yes ☐ No Are you a Bank Street School for Children alum? ☐ Yes ☐ No Dates of attendance: _____ Please complete all of the information below and check preferred method of contact

☐ Business Telephone: _____ ☐ Business Email: _____

☐ Home phone: _____ ☐ Cell phone: _____ ☐ Home Email: _____

Applicants to the 1/11s - 13/14s (5th - 8th Grade) Programs are required to take the Independent School Entrance Exam (ISEE) or Secondary School Admissions Test (SSAT).

If you know your testing date, please indicate it here: Testing date: _____

Application Fee

A non-refundable processing fee of \$60 must accompany this application. Please check if the \$60 Application Fee is enclosed ☐

Financial Aid

Are you requesting Financial Aid? ☐ Yes ☐ No Please Note: Financial Aid becomes available in the 4/5s (Pre-Kindergarten) Program.

Parent / Guardian Signatures

Parent/Guardian 1 _____ Date _____

Parent/Guardian 2 _____ Date _____

Notice

1. All children at Bank Street must be immunized and continue to receive all appropriate immunizations as required by New York State and New York City law. You will be required to submit written proof of the required immunizations prior to your child's enrollment.
2. A completed application is not a contract to enroll at Bank Street School for Children. Since there are a limited number of spaces available, the Admission's Committee closes admissions when necessary and allocates appointments to ensure a diverse pool of applicants. All Bank Street admissions materials (including Financial Aid forms, if applicable) must be received by the designated deadline in order for the application to be complete and considered for admissions within the ISAAGNY Notification Dates.

Applicant Education

Current School

School Name: _____

School Principal/Director: _____

Address: _____

Phone: _____ Fax: _____

Dates attended: From _____ To _____

Why have you decided to change your child's school? _____

Add additional information if necessary: _____

Previous School

School Name: _____

School Principal/Director: _____

Address: _____

Phone: _____ Fax: _____

Dates attended: From _____ To _____

Sibling Information

Name	Date of Birth	Present School	Current Grade	Applying or Enrolled at Bank Street?	
1. _____				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information

How did you hear about Bank Street? _____

Name of person who referred you to Bank Street (if applicable): _____ If any, connection to Bank Street: _____

Name of person who referred you to Bank Street (if applicable): _____ If any, connection to Bank Street: _____

Comments: _____

Short Answer Questions (If necessary, use a separate piece of paper to answer the questions)

Bank Street is committed to the education of the whole child. The following information will help us know your child and continue to consider all family structures through curriculum and in an inclusive community. Please answer the following questions as thoughtfully as possible. Not all questions may apply to your child; you need to answer only those that do.

1. Who cares for your child when you are not at home? _____

2. What other adults play a significant role in your child's life? _____

3. Please describe the structure of your home and family life: _____

4. Describe your child's general health: _____

Short Answer Questions (Continued)

5. What are your child's particular strengths or interests at present? _____

6. In what areas does your child feel most confident? _____

7. In what areas does your child feel least confident? _____

8. In what ways would you like to see school influence your child's growth next year? _____

9. With what aspects of your child's development are you most pleased? _____

10. Are there any aspects of your child's development where you have questions or concerns? _____

11. Is there anything we haven't asked about your child that would be important for us to know when considering the application and in preparation for your child's visit? _____
