

ATTACH PICTURE HERE



APPLICATION FOR ADMISSION

THE WINSTON SCHOOL
OF SHORT HILLS

Students Full Legal Name: _____
Last First Middle

Girl ____ Boy ____ Date of Birth: ____/____/____ Place of Birth: _____

Is your child adopted? Yes ____ No ____ If so, give age at time of adoption: _____

Home Address: _____

School Now Attending: _____ Grade currently in: _____

Address: _____

List schools previously attended:

NAME	ADDRESS	YEAR	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever repeated a grade? Yes ____ No ____ Which grades? _____

Candidate's Parent

Parent

First	Middle	Last	First	Middle	Last
Home Address: _____			Home Address: _____		
Home Phone: _____			Home Phone: _____		
Name of Employer: _____			Name of Employer: _____		
Position: _____			Position: _____		
Business Address: _____			Business Address: _____		
Business Phone: _____			Business Phone: _____		
Email Address: _____			Email Address: _____		

List other children in candidate's family:

Name	Age	School	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TESTING INFORMATION

Psychological Testing:

Evaluator: _____

Date: _____ Phone Number: _____

Education Testing:

Evaluator : _____

Date: _____ Phone Number: _____

Has your child ever had speech-language evaluation? Yes ____ No ____

Examiner's Name: _____ Position: _____

Date of Evaluation: _____ Phone Number: _____

Has your child ever had a hearing evaluation? Yes ____ No ____

Examiner's Name: _____ Position: _____

Date of Evaluation: _____ Phone Number: _____

Has your child ever had a visual evaluation? Yes ____ No ____

Examiner's Name: _____ Position: _____

Date of Evaluation: _____ Phone Number: _____

Has your child ever had an OT evaluation? Yes ____ No ____

Examiner's Name: _____ Position: _____

Date of Evaluation: _____ Phone Number: _____

Is your child being tutored? Yes ____ No ____

Tutor's Name: _____

List other professionals your child is seeing:

Title: _____ Name: _____ Phone: _____

Title: _____ Name: _____ Phone: _____

Title: _____ Name: _____ Phone: _____

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Please list any significant traumatic events, emotional or physical, that have had an impact on your child:

List all prescribed medication:

List any medical condition that has been diagnosed:

Please list serious allergies, illness, chronic conditions which your child has experienced.

Please briefly describe your goals and expectations for your child.

Describe your child's likes and dislikes, interests and hobbies.

How did you learn about Winston?

Comments:

Parent Signature: _____ Date: _____

The application fee is \$100. Please make check payable to *The Winston School*. Please paperclip a picture of your child on the front cover of this application.