



# APPLICATION FOR ADMISSION

FOR GRADE \_\_\_\_\_ IN SEPTEMBER 20\_\_\_\_

## APPLICANT INFORMATION

Name \_\_\_\_\_ Gender \_\_\_\_\_  
*Last First Middle (Nickname)*

Social Security Number \_\_\_\_\_ Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
*City State Zip Code*

Optional:  
Ethnic background \_\_\_\_\_ Religion \_\_\_\_\_ Church/Temple/  
other affiliation \_\_\_\_\_

## FAMILY INFORMATION

### Parent / Guardian 1

Title:  Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*City State Zip Code*

Telephone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Business Address \_\_\_\_\_  
*City State Zip Code*

Business Telephone \_\_\_\_\_

Secondary School(s) Attended \_\_\_\_\_

College(s) and Degree(s) \_\_\_\_\_

### Parent / Guardian 2

Title:  Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*City State Zip Code*

Telephone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Business Address \_\_\_\_\_  
*City State Zip Code*

Business Telephone \_\_\_\_\_

Secondary School(s) Attended \_\_\_\_\_

College(s) and Degree(s) \_\_\_\_\_

Parents are now:  Married  Separated  Divorced  Other \_\_\_\_\_

If divorced, who has legal custody?  Parent / Guardian 1  Parent / Guardian 2  Both

To whom should school mailings be sent?  Parent / Guardian 1  Parent / Guardian 2  Both

**Sibling(s)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Current School \_\_\_\_\_

**Relation(s)**

Please list any family or friends who are attending or have attended Doane Stuart

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**ACADEMIC INFORMATION**

Name of Current School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Head of School \_\_\_\_\_

Public School District in which applicant resides \_\_\_\_\_

Previous Schools:

Name \_\_\_\_\_ Grades Attended \_\_\_\_\_

Name \_\_\_\_\_ Grades Attended \_\_\_\_\_

Name \_\_\_\_\_ Grades Attended \_\_\_\_\_

Has the applicant ever undergone professional educational and/or psychological evaluation(s)?  No  Yes

(If yes, please forward a copy of all educational and/or psychological evaluations to the Admission Office)

Has the applicant previously applied to or attended Doane Stuart?  No  Yes If yes, when? \_\_\_\_\_

How did you hear about Doane Stuart? \_\_\_\_\_

To which other schools will you apply? \_\_\_\_\_

Will you be applying for financial aid?  No  Yes If yes, please visit [www.doanestuart.org/tuition-financial-aid](http://www.doanestuart.org/tuition-financial-aid) for instructions and information.

*Please note: Financial aid requests do not influence admission decisions.*

Briefly explain parents' and applicant's expectations of a Doane Stuart education. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Please return this completed form with a non-refundable \$75 application fee to:  
 The Doane Stuart School Admission Office  
 199 Washington Avenue, Rensselaer, NY 12144**