



Education is not a preparation for life, education is life itself.

~ John Dewey ~

# Adelphi Academy of Brooklyn

FORM A

APPLICATION FOR ADMISSIONS

Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Proposed Date of Entry: \_\_\_\_\_ Present School: \_\_\_\_\_  
*Last First Middle*  
*mm / dd / yyyy*

School Address: \_\_\_\_\_  
*Street City State Zip Code*

Date of Birth: \_\_\_\_\_  Male  Female Place of Birth:- \_\_\_\_\_  
*mm/dd/yyyy City / State / Country*

Full Name of Father/Male Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
*Street City State Zip Code*

Neighborhood: (For Demographical Purposes Only) \_\_\_\_\_

Name of Firm and/or Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position or Title: \_\_\_\_\_

Full Name of Mother/Female Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
*Street City State Zip Code*

Neighborhood: (For Demographical Purposes Only) \_\_\_\_\_

Name of Firm and/or Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position or Title: \_\_\_\_\_

With Whom Does the Child Live? \_\_\_\_\_

Name and Address for Billing: \_\_\_\_\_  
*Street City State Zip Code*

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are there any medical conditions or limitations that might affect school performance? Yes No

If so, please explain: \_\_\_\_\_

Please return Application with a \$100.00 Non-Refundable Processing Fee of cash, money order or check payable to Adelphi Academy.

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