



# APPLICATION FOR ADMISSION

Saratoga Independent School

459 Lake Avenue Saratoga Springs, New York 12866 (518) 583-0841

Date of Application	_____
Current School	_____
Current Grade	_____

Child's Name \_\_\_\_\_ School Year Applying For \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Public school district in which the child resides \_\_\_\_\_

Previous schools and/or daycare programs attended \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant

- |                                    |     |    |
|------------------------------------|-----|----|
| A. Have allergies?                 | Yes | No |
| B. Have any illnesses?             | Yes | No |
| C. Have any physical limitations?  | Yes | No |
| D. Have any learning difficulties? | Yes | No |
| E. Have any special needs?         | Yes | No |

If you answered Yes to any of the questions above, please elaborate \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## FAMILY INFORMATION

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Does child reside with both parents? \_\_\_\_\_ If not, with whom does the child primarily reside? \_\_\_\_\_

Person(s) responsible for all tuition and fees \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Siblings

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Please share any information that would be helpful in understanding your child, such as recent changes in the structure of the family, losses, traumas, unusual circumstances, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TRANSPORTATION

Public school busing from the school district in which you reside is available by law to those who live within a 15 mile radius of the school if the application for transportation is received by the public school system by April 1. Please contact your school district's transportation office to obtain the proper forms. Public school busing is not available to children who are not 5 years old by December 1 ( the cut-off date for Kindergarten entrance in public school ).

Do you plan to seek public school busing? Yes \_\_\_\_\_ No \_\_\_\_\_

Please be aware that most school districts adhere strictly to the April 1 deadline for busing applications. We advise parents to apply for busing even if they are not certain that their child will attend SIS in the fall. It is always possible to withdraw a request for busing after April 1 but seldom possible to submit a new request after the deadline successfully.

APPLICATION PROCESS

A meeting with our Education Director and review of school records are part of the application process.

APPLICATION FEE

A non-refundable \$100.00 application fee must accompany this application.

*Please make all checks payable to: Saratoga Independent School*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please tell us how you heard about Saratoga Independent School \_\_\_\_\_

\_\_\_\_\_

Why would you like your child to attend SIS? (Attach a separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_