



Admissions Application Pre-Kindergarten and Kindergarten

Applicant Information

For Academic Year: _____ Grade Applying For: _____ Date of Birth: _____ Gender: _____

Child's Name: _____ Preferred Nickname: _____

Child's Address: _____

Application for (please indicate):

Pre-Kindergarten (4 yr. By Start of School; Choose Option Below) Kindergarten (5 full days)

Pre-Kindergarten Options

3 full days Pre-Kindergarten (8:00 am - 3:15 pm M-TH; 8:00 am - 2:30 pm F)

5 half days Pre-Kindergarten (8:00 am - 12:30 pm M-F)

5 full days Pre-Kindergarten (8:00 am - 3:15 pm M-TH; 8:00 am - 2:30 pm F)

Applicant Education: School or Childcare

School/Childcare: _____ School/Childcare: _____

Principal/Director: _____ Principal/Director: _____

Address: _____ Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Dates Attended: From _____ to _____ Dates Attended: From _____ to _____

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

Name: _____ Relationship with Child: _____

Home Address (if different from above): _____

Employer: _____ Job Title: _____

Business Name/Address: _____

Please complete all of the information below and check preferred method of contact

Business Phone: _____ Business Email: _____

Home Phone: _____ Cell Phone: _____ Home Email: _____

Parent/Legal Guardian 2 Information

Name: _____ Relationship with Child: _____

Home Address (if different from above): _____

Employer: _____ Job Title: _____

Business Name/Address: _____

Please complete all of the information below and check preferred method of contact

Business Phone: _____ Business Email: _____

Home Phone: _____ Cell Phone: _____ Home Email: _____

Financial Aid

All applications require a \$20 application fee. Please contact the office for more information.

Please check here if you intend on applying for financial aid

Grandparent Information

Maternal Grandparents' Name: _____

Maternal Grandparents' Address: _____

Maternal Grandparents' Email: _____ Grandparents' Phone: _____

Paternal Grandparents' Name: _____

Paternal Grandparents' Address: _____

Paternal Grandparents' Email: _____ Grandparents' Phone: _____

Additional Information

Are you or a member of your family a Levey alum? Yes Dates attended: _____ No

List Names and Ages of Siblings:

Name of person(s) responsible for payment of tuition and fees: _____

Address (if different from above) _____

Primary Language Spoken at Home: _____ Additional Languages: _____

What language(s) are spoken at home? _____

How did you hear about Levey? Please Check All That Apply

Website Newspaper Ad Magazine Ad Radio Ad Referral (Name optional): _____

Why do you feel Levey is the best fit for your child and family?

Tell us about your child, including special talents, interests and needs.

Please describe your child's most recent school experience.

Please provide us with any other information or comments regarding your child, including your hopes and dreams for your child.

If your child has had formal educational or neuropsychological evaluation(s), please tell us why and when you had your child evaluated. Kindly include a copy of the report(s) with the completed application.

Parent/Legal Guardian Signature

The undersigned grants Levey Day School permission to request and receive confidential information regarding this application, and to retain such material in the applicant's file.

Parent/Legal Guardian 1: _____ Date: _____

Parent/Legal Guardian 2: _____ Date: _____

Admission decisions are made in compliance with local, federal, and state nondiscrimination laws and regulations without regard to race, gender, color, religion, physical or mental disability, ancestry, socio-economic status, sexual orientation, or national origin.