



THE GREEN VALE SCHOOL  
APPLICATION FOR ADMISSION

250 Valentine's Lane  
Old Brookville, NY 11545  
(516) 621-2420 Phone  
(516) 621-6257 FAX

Application for grade \_\_\_\_\_ in 20 \_\_\_\_\_

Male

Female

**Applicant**

Name \_\_\_\_\_  
Last First Middle Nickname

Home address \_\_\_\_\_  
Street City State Zip

Home phone (\_\_\_\_\_) \_\_\_\_\_ Home fax (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Present School \_\_\_\_\_ Principal/Head \_\_\_\_\_

School Address \_\_\_\_\_

Telephone \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Schools Attended \_\_\_\_\_ Public School District \_\_\_\_\_

**Family**

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

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
(if different from applicant's) (if different from applicant's)

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

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

Company \_\_\_\_\_ Company \_\_\_\_\_

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

Secondary School \_\_\_\_\_ Secondary School \_\_\_\_\_

College \_\_\_\_\_ College \_\_\_\_\_

Applicant lives with:  Both parents  Father  Mother  Other

**Brother/Sisters**

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

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

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





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TRANSCRIPT RELEASE FORM

250 Valentine's Lane  
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Dear Parents:

Your child's school records are an important factor in consideration for admission. It is necessary for you to authorize their release in order for The Green Vale School to request and receive them from your child's school. Please sign and return this authorization with the completed application form to our Admissions Office.

Thank you for your cooperation.

To the Principal or Head of \_\_\_\_\_  
(Print name of School )

\_\_\_\_\_  
(Print address of School )

I hereby authorize you to release to The Green Vale School of Old Brookville, New York, all appropriate information requested about \_\_\_\_\_ academic, personal and medical records for use in connection with our application for his or her admission to The Green Vale School.

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

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

**Note to School**

Please forward this student's:

1. transcript of grades, including most current report card
2. results of standardized achievement and/or aptitude tests
3. medical records
4. enclosed recommendation

We would appreciate a response at your earliest convenience in order to facilitate the processing of this application. Thank you in advance.