

# Robert C. Parker School

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## Application For Admission

Name of Student \_\_\_\_\_

For Admission To Grade \_\_\_\_\_ to begin enrollment in \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Middle Name (preferred name)  
month year

Birthdate \_\_\_/\_\_\_/\_\_\_ Date Of Adoption \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_

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

Street

\_\_\_\_\_ / \_\_\_\_\_  
City State Zip Home Telephone

Social Security Number \_\_\_\_\_ School District \_\_\_\_\_

Current School \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

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

## Family Data

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Your name as you would like it to appear on mailings: \_\_\_\_\_

Parents are (check if applicable):

Married\_\_\_ Separated\_\_\_ Divorced\_\_\_ Mother Remarried\_\_\_ Father Remarried\_\_\_ Mother Deceased\_\_\_ Father Deceased\_\_\_  
Other\_\_\_

With whom does the student live? \_\_\_\_\_

Name of person responsible for financing the child's education \_\_\_\_\_

### Siblings:

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Current School \_\_\_\_\_

### Grandparents:

Maternal Grandparents \_\_\_\_\_ Paternal Grandparents \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

4254 NY Route 43, Wynantskill, NY 12198

(518) 286-3449 • fax (518) 286-3452

www.rcparker.org

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## Admission Data

What are your child's strengths?

What are areas of difficulty?

Describe the educational environment you are seeking for your child.

Describe briefly any special services (such as tutoring, speech therapy, counseling, etc.) that your child receives, or psychological testing or counseling which your child has received.

To what other schools are you intending to apply?

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

Please note that there is a \$35 application fee. This non-refundable fee should be enclosed with the completed application. Checks should be made payable to: **Robert C. Parker School.**

*Robert C. Parker School does not discriminate on the basis of race, color, national and ethnic origin, gender, sexual orientation, age, religion, or disability in the administration of its educational policies, admission policies, financial aid programs, and athletic or other school-related programs.*

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