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| Otto Specht SchoolApplication for Admission | Macintosh HD:Users:chelacrane:Downloads:august 2015 OSS LOGO Outlines.eps |

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| Application for school year 2017-2018 |
| Non-Refundable Application Fee of $75 must be submitted with application. |
| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date of Birth |  | Current Grade or Last Completed |  |
| Additional Information: Please provide any information regarding the students home life and educational history that may be relevant to our undru |
| understanding of your child. Use additional sheet if needed. |
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| Parent /Guardian 1 Information |
| Last Name |  | First | M.I. |  |
| Street Address (If different from student) |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Employer |  | Position |  |
| Parent/guardian 2 Information |
| Last Name |  | First | M.I. |  |
| Street Address (If different from student) |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Employer |  | Position |  |
| Siblings |
| Full Name |  | Age |  |
| Full Name |  | Age |  |
| Full Name |  | Age |  |

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| Physician information |
| Doctor’s Name |  | Phone |  |
| Address |  |
|  |  |
| Emergency Contact |
| Full Name |  | Phone |  |
| Relationship to student |  |
| to complete your child’s file, please submit |
| * Recent evaluations
* Current and/or previous year School Reports
 |
| Signature |  | Date |  |

Please send completed applications, application fee,

and supporting documents to:

Otto Specht School

260 Hungry Hollow Rd.

Chestnut Ridge, NY 10977

For questions, please contact us at: info@ottospecht.org

Or call: 845-352-5020 ext. 30

Visit us on the web at: www.ottospechtschool.org