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| Otto Specht School  Application 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](mailto:info@ottospecht.org)

Or call: 845-352-5020 ext. 30

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