



2020 Application

☐ Boarding ☐ Day

Applicant Information

Applicant's Full Legal Name _____ Preferred Name _____
(First, Middle, Last)

Date of Birth _____ Rising Grade _____ Email Address _____
Month/Day/Year

Applicant's Home Street Address _____

City _____ State _____ Country _____ Zip Code _____

Home Telephone _____ Home Fax _____ Gender ☐ Male ☐ Female

Place of Birth _____ Country of Citizenship _____
(City, State, Country)

If the applicant is not a U.S. citizen, will he or she need a Form I-20 to attend Rectory School. ☐ Yes ☐ No

Will you be applying for financial aid? ☐ Yes ☐ No If yes, please visit sssbynais.org to begin the financial aid process.

General Information

Has the applicant ever been evaluated or provided special accommodations for academic or emotional reasons, please describe. _____

Please describe the candidate's general health, Please be specific with the inclusion of a list of any current medications. _____

Education

Name of Current School _____ Dates of Attendance _____

School Address _____

Household 1

Please use this part to provide information about the adults in the applicant's primary or custodial residence.

Parent One _____

Address _____ Home _____

Telephone _____ Work Telephone _____ Fax _____

Parent / Guardian 1: Preferred form of address: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Relation to applicant: _____

E-Mail _____ Employer _____

Occupation/Title _____ Employer's Address _____

Parent / Guardian 2: Preferred form of address: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Relation to applicant: _____

Parent Two _____

E-Mail _____

Employer _____ Occupation/Title _____ Employer's _____

Address _____

Household 2

Please use this part to provide information about the adults in the applicant's secondary or non-custodial residence.

Parent One _____

Address _____ Home _____

Telephone _____ Work Telephone _____ Fax _____

Parent / Guardian 1: Preferred form of address: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Relation to applicant: _____

E-Mail _____ Employer _____

Occupation/Title _____ Employer's Address _____

Parent / Guardian 2: Preferred form of address: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Relation to applicant: _____

Parent Two _____

E-Mail _____

Employer _____ Occupation/Title _____

Employer's Address _____

Sibling Information

If there are siblings who are not already enrolled at or applying to the school please list them. Please list name, age and school attending.

Relatives

Please list any relatives that have attended or are currently attending Rectory School.

Parent Statement – What do you hope your child will gain by attending Summer@Rectory?

Student Statement – Why are you interested in attending Summer@Rectory?

Signatures - I attest by the signatures below, the information provided on this application is complete and accurate.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Rectory School admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.