



NEUMANN CLASSICAL SCHOOL

INSERT
PICTURE
HERE
(OPTIONAL)

Application for Admission

Suite D-213, 81 Pondfield Road / Bronxville, NY 10708 /admin@neumannschool.org

When returning this application, please include the \$50 application fee.

Applicant: _____
FIRST MIDDLE LAST

Preferred Name: _____ Sex: _____ Date of Birth: _____

Current Grade: _____ Applying for Grade: _____ Year: _____

Father's Name: _____ Mother's Name: _____

Father's Email: _____ Mother's Email: _____

Father's Cell: _____ Mother's Cell: _____

Parent's Marital Status: _____ Applicant lives with: MOTHER FATHER OTHER

Siblings of Applicant (and/or other children in the home):

NAME: _____ BIRTH DATE: _____ GRADE: _____ SCHOOL: _____

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Previous Schools Attended (Please list names and years of attendance)

Child's Religion: _____

Father's Religion: _____ Mother's Religion: _____

Parish or Faith Community: _____ Pastor's Name and Phone Number: _____

Sacraments Received (Date and Parish): _____

Father's present professional position, place of employment, and education:

Mother's present professional position, place of employment, and education

Applicant's Special Interests or Hobbies

Are any other siblings applying to Neumann this year?



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How did you hear about Neumann Classical School? Please Circle:

BOARD MEMBERS

FRIENDS

PRIEST OR PASTOR

INTERNET

NEWS ARTICLE

OTHER: _____

Circle the top three factors that most influenced your decision to apply to Neumann Classical School:

CATHOLIC FIDELITY

CHRISTIAN PHILOSOPHY

CLASSICAL CURRICULUM

ACADEMIC RIGOR

CHARLOTTE MASON INFLUENCE

RECOMMENDATION OF A NEUMANN FAMILY

DESIRE TO ATTEND PRIVATE SCHOOL

DISSATISFACTION WITH CURRENT SCHOOL

OTHER: _____

Please list the names of Neumann Families you know.

Are there any family, health, or learning difficulties of which the school should be made aware?

(Please attach further information to application if necessary)

Do you request financial aid information? (Please Circle) YES NO

Signature of Parents

FATHER: _____ DATE: _____

MOTHER: _____ DATE: _____

PLEASE RETURN THE APPLICATION FORM WITH THE \$50 NON-REFUNDABLE APPLICATION FEE TO:
DIRECTOR OF ADMISSIONS / NEUMANN CLASSICAL SCHOOL / SUITE D-213, 81 PONDFIELD ROAD / BRONXVILLE, NY 10708

The family of each applicant bears responsibility for completing the application process. Please telephone the admission office to ensure that Neumann Classical School has received all application materials and to schedule an interview with the school's Headmaster. Please note that only those families that complete the application process will receive an admission decision from Neumann Classical School. Also, for students applying to transfer from another school, Neumann Classical School requires a stamped official transcript as well as the "request for Academic Records" form.

NON-DISCRIMINATION POLICY

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



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PARENTS OF APPLICANT

Please respond to the following questions in the space provided

1. Describe your child's strengths and abilities. Do you have any areas of concern for your child's development, academic or otherwise?
2. What activities do you enjoy doing together as a family?
3. Has the applicant ever repeated a grade or been dismissed from school? Circle one: YES NO
Comments:
4. Has the applicant ever been expelled or suspended from school or had serious discipline problems at home or in the community? If so, please explain:
5. Describe any special factors that may affect the applicant's learning or conduct in school, such as illness, physical handicaps, learning difficulties, changes of home or school, emotional problems, attention deficit, hyperactivity, dyslexia, etc.
6. Has your child been diagnosed with or tested for learning disabilities or behavioral problems?
7. Does the applicant require any medication?

