



INSERT
PICTURE
HERE
(OPTIONAL)

Application for Admission

125 Wallace Street / Tuckahoe, NY 10707 / 914-297-7731 / admin@neumannschool.org

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

Applicant: _____
FIRST MIDDLE LAST

Preferred Name: _____ Sex: _____

Current Grade: _____ Applying for Grade: _____

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

Father's Email: _____

Father's Cell: _____

Parent's Marital Status: _____

Home Address: _____

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

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

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

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)

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 / 125 WALLACE STREET / TUCKAHOE, NY 10707

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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The answers provided above are true, accurate, and complete as of the signature date.

FATHER: _____ DATE: _____

MOTHER: _____ DATE: _____

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Student Records Request and Release Form

125 Wallace Street / Tuckahoe, NY 10707 / 914-297-7731 / admin@neumannschool.org

Please fill out this form and send it to the school your child attends/attended previous to NCS.

Student: _____ Date Requested: _____

Requested From:

Current School/Institution: _____

Contact Person: _____

Phone: _____

Fax: _____

Requested By:

Neumann Classical School
Admissions Office
Email: admin@neumannschool.org

Please send all that apply:

- Attendance Records
- Report Cards (two most recent years)
- Achievement Test Results
- Speech Evaluation Records
- Educational Diagnostic Evaluations
- Psychological Evaluations
- ARD, IEP/Special Ed. Documentation

I, _____, parent / guardian of _____, do hereby give permission for the institution indicated above to send a copy of my child's records to Neumann Classical School. Thank you for sending Neumann Classical School the requested records as soon as possible to the following address:

Neumann Classical School
Admissions Office
125 Wallace Street
Tuckahoe, NY 10707

Parent / Guardian

Date:



Teacher Recommendation

125 Wallace Street / Tuckahoe, NY 10707 / 914-297-7731 / admin@neumannschool.org

To the Parent

Please give this form to the student's current teacher with a stamped envelope addressed to Neumann Classical School, 125 Wallace Street, Tuckahoe, NY 10707.

Please read and sign the statement below:

I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Name of Applicant _____

Name of Applicant's Parent or Guardian _____ Phone number _____

Signature of Applicant's Parent or Guardian _____ Date: _____

To the Teacher

The Neumann Classical School, as its name suggests, is a classical school with an accelerated academic pace and an emphasis on faith and character. With this in mind, please complete the form below. Feel free to photocopy your completed form and send it directly to the school. This recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent has signed above. We sincerely appreciate your cooperation and candor.

PLEASE CIRCLE THE APPROPRIATE DESCRIPTOR

Academic potential	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
Academic achievement	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
Effort	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
Ability to work independently	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
Willingness to ask for help	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
Responds well to correction	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
Class participation	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
Homework	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
Intellectual curiosity	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
Ability to work in groups	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL
	BELOW AVERAGE	AVERAGE	VERY GOOD	EXCEPTIONAL



Teacher Recommendation

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DESCRIBE THE STUDENT. CHECK AS MANY AS APPLY

Anxious	Hard working	Positive leader
Articulate	Honest	Responsible
Assertive	Impulsive	Self-centered
Bully	Irritable	Self-disciplined
Caring	Manipulative	Shy
Cheerful	Motivated	Social
Conscientious	Negative leader	Well-liked
Disobedient	Overly-protected	Well-rounded
Easily discouraged	Passive aggressive	
Easily led	Perfectionist	

PLEASE CIRCLE THE BEST DESCRIPTOR IN EACH CATEGORY:

Social Adjustment with Peers:

Healthy Relationships
Occasional minor problems
Frequent minor problems
Relates poorly
No basis for judgment

Self Confidence:

Has healthy self-image
Needs some support
Appears overly confident
Needs much reassurance
No basis for judgment

Conduct:

Well-behaved
Usually obeys rules
Occasionally misbehaves
Frequently misbehaves
No basis for judgment

Integrity:

Very trustworthy
Usually trustworthy
Occasionally trustworthy

Untrustworthy
No basis for judgment

Consideration of Others:

Unusually thoughtful
Usually considerate
Rarely considerate
Selfish
No basis for judgment

Sense of Humor:

Delightful
Good
Inappropriate
Humorless
No basis for judgment

Attitude of Parents:

Cooperative
Uninvolved
Overly protective
Antagonistic
No basis for judgment

Maturity:

Very Mature

Appropriate
Somewhat immature

Very immature
No basis for judgment



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PLEASE FEEL FREE TO ELABORATE ON ANY OF THE AREAS IN THE PREVIOUS SECTION:

OVERALL RECOMMENDATION (choose one):

- Highly Recommended
- Recommended
- Recommended with Reservations
- Not Recommended

I have known this candidate for _____ (length of time, preferably at least one year).

Signature _____ Date _____

Please print name _____ Title _____

School _____ Phone _____

THANK YOU FOR YOUR ASSISTANCE!