

# THE LOWELL SCHOOL

*Elementary & Middle School  
24-20 Parsons Blvd.  
Whitestone, New York 11357  
718-352-2100*

*High School  
142-45 58<sup>th</sup> Road  
Flushing, New York 11355  
718-445-4222*

## APPLICATION FOR ADMISSION

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Telephone: ( ) \_\_\_\_\_

Current School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Classroom Size: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Region/District: \_\_\_\_\_

High School Credits Earned: \_\_\_\_\_

Please list all schools attended:

School	City & State
_____	_____
_____	_____
_____	_____
_____	_____

Dates of Attendance

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a  
recent photograph of  
your child

### Parent Information

\_\_ Ms. \_\_ Mrs. \_\_ Mr. \_\_ Dr.

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

\_\_ Ms. \_\_ Mrs. \_\_ Mr. \_\_ Dr.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

If your child does not live with both parents in one household, please answer the following:

Are parents:  Separated  Divorced  Single

Who is the legal guardian? \_\_\_\_\_

With which parent does the child live? \_\_\_\_\_

Was your child adopted?  If so, at what age? \_\_\_\_\_

List all people living in your household:

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List names and ages of any brothers or sisters living outside of the home:

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us about your child:

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Study and work habits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What poses the greatest difficulty for your child? (academic/social) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's non-academic special interests and abilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had any special physical, emotional or health problems?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child taking medication? \_\_\_\_\_ Allergies? \_\_\_\_\_

If so, please specify:

Name of Medication	Dosage	Time(s) of Day
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your expectations upon your son's/daughter's High School graduation? (High School applicants only) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you find out about Lowell? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to Lowell in the past?  No  Yes If yes, when? \_\_\_\_\_

Are you working with an attorney/advocate?  No  Yes If yes, name/phone: \_\_\_\_\_

Is there any other information that you think would be relevant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please enclose a nonrefundable application fee of \$50.00 payable to The Lowell School

Please return this application with the application fee to:

Elementary/Middle School

High School

Alicia Devins  
Admissions Director  
The Lowell School  
24-20 Parsons Blvd.  
Whitestone, New York 11357  
[adevins@thelowellschool.com](mailto:adevins@thelowellschool.com)

Paul Phillips  
Admissions Director  
The Lowell School  
142-45 58<sup>th</sup> Road  
Flushing, New York 11355  
[pPhillips@thelowellschool.com](mailto:pPhillips@thelowellschool.com)

(The fee is waived for CBST funded applicants)

**IMPORTANT: PLEASE FILL OUT THE RELEASE FORM ON THE BACK OF THIS APPLICATION**

*The Lowell School does not discriminate on the basis of race, color, religion, sexual orientation, national or ethnic origin in administration of its admissions policies, educational policies, and athletic and other school-administered programs.*

**THE LOWELL SCHOOL**

**RELEASE FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

I give The Lowell School permission to contact my child's school, outside agencies or any professional(s) currently working with my child.

NAME	RELATIONSHIP TO CHILD	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I understand that admissions questionnaires and any other reports provided by teachers or therapists to The Lowell School as part of the admissions process will be confidential and will not be made available to parents or released to third parties without the express written consent of the person who prepared the report.**

Parent's Name: (Please print) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_