



Phyl's Academy Preparatory School

Admissions Checklist
Kindergarten - Grade 5

Below are items needed to enroll your student at Phyl's Academy

- Completed & Signed Elementary School Application Forms
- Completed & Signed Enrollment Contract
- Total Enrollment Fee
- Birth Certificate
- Immunization Record
- Recent Photograph of Student
- Most Recent Report Card (*Students applying to Grades 1 to 5*)
- Transcript (*Students applying to Grades 2 to 5*)
- Schedule Placement Test (*Students applying to Grades 2 to 5*)
- Copy of Parents' / Guardians' valid ID -- (Driver's License, State ID, Passport)

For any questions regarding admissions, call our office from Monday to Friday 8:30 am to 4:00 pm.

Phyl's Academy School Office Phone: 718-469-9400

All admissions forms should be mailed to:

Phyl's Academy
3520 Tilden Avenue
Brooklyn, NY 11203
Attn.: Student Applications

or

Emailed to admissions@phylsacademyny.com
Use subject line/RE: *Attn.: Student Applications*

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Phyl's Academy Preparatory School

Elementary School Application -- New Registrants

Applicant's Information

Last Name _____ First _____ Middle _____

Date of Birth ____ / ____ / ____ Age ____ / ____ Male Female Applying to Grade _____
(M) (D) (Y) (Years) (Months)

Home address _____ Apt # _____

City _____ State _____ Zip Code _____ Home phone _____

Lives with: (check one) Both Parents Father Mother Other _____

Parent / Guardian's Information

Relationship to Applicant: Father Mother Other _____

First Name _____ Last Name _____

SSN _____ (Mandatory, all information is confidential.)

Home address (if different from child's) _____

Apt # _____ City _____ State _____ Zip _____

Home phone (if different from child's) _____ Cell phone _____

E-Mail _____

Occupation _____

Employer _____

Employer's address _____

Business phone _____ Ext _____

Parent / Guardian's Information

Relationship to Applicant: Father Mother Other _____

First Name _____ Last Name _____

SSN _____ (Mandatory, all information is confidential.)

Home address (if different from child's) _____

Apt # _____ City _____ State _____ Zip _____

Home phone (if different from child's) _____ Cell phone _____

E-Mail _____

Occupation _____

Employer _____

Employer's address _____

Business phone _____ Ext _____

Send all school mailings to: (check one) Both Parents Father Mother Other _____

Applicant's Information

Was your child born in the United States? Yes No (Country of Birth) _____

Health condition(s) of which the staff should be aware _____

Life-threatening allergies No Yes (describe) _____

Allergies to foods or juices No Yes (describe) _____

Is your child currently under a doctor's care for an ongoing condition? No Yes (describe)

Any permanent disability or chronic or recurring illness? No Yes (describe)

Physical condition(s) of which the staff should be aware

Is there any activity in which your child cannot participate? No Yes

Emotional concern(s) of which the staff should be aware

Learning concern(s) of which the staff should be aware

Is your child receiving any special services? No Yes, (describe)

Does your child have an IEP (Individual Education Plan)? No Yes, **Please attach a copy of your child's IEP.**

Signature _____ **Relationship** _____ **Date** _____

New Registrants Only:

1. If your child is currently enrolled in another program, please provide this information:

Name of school _____

School's address _____ City _____ State _____ Zip _____

School phone _____ Teacher's name _____

2. If your family was referred to our school, please list that person's/family's name on the line below:

Phyl's Academy Preparatory School

Emergency Contact Information

20__ - 20__

Student Information

Name _____ MI _____
(First) (Last)

Date of Birth ____/____/____ Male Female
(M) (D) (Y)

Emergency Contacts

List in order of preference people other than parents/guardians who may be called in case of emergency

Full Name	Phone	Relationship to Student
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Authorized Pick-up People

List of people other than parents/guardians authorized to pick up child from school

Full Name	Phone	Relationship to Student
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I understand that my child will not be released to any adult other than those listed above without advanced written parental permission. All authorized individuals must present a valid State ID to Phyl's Academy staff, which will be copied and placed on my child's file.

No Access

List name(s) of any person / people who may **NOT HAVE ACCESS** to child, please indicate:

(Note: If person is the child's parent/ guardian legal documentation **must** accompany this request.)

Full Name	Relationship to Student	Order of Protection Exists
1. _____	_____	<input type="checkbox"/> Yes, provide copy <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Yes, provide copy <input type="checkbox"/> No

Signature _____ Relationship _____ Date _____

Phyl's Academy Preparatory School

Consent to Emergency Medical Authorization

Parents/guardians must provide the school with a complete description of any health condition(s) or medical restriction(s) that their child may have to assist the school in attending to the health and safety of the student.

In a medical emergency, the school will make every reasonable attempt to contact a parent or legal guardian.

If injury, illness, health conditions occur at school or during school-related activities, and I/we the parents /guardians of _____, a minor, we consent for school authorities, employees and agents to take the following steps:

- a.) Contact emergency services (911) to secure medical assistance.
- b.) Accompany the child to a medical facility.

If I/we, _____, cannot be reached, we appoint school authorities, employees and agents to

- c.) Authorize treatment of my child by licensed medical personnel.

I/We further release the school, its authorities, employees from liability which might arise from giving such authorization.

Child's primary source of health care is:

Physician / Clinic Name: _____

Phone number: _____

Please list any medications that your child is currently taking: _____

List all Allergies (include medicines and latex) _____

The above named student is or is not covered by a health insurance plan.

Present Health Insurance Company _____

Policy Number _____ Date of Policy: _____

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Signature of Legal Guardian _____ Date _____