

Hawthorne Country Day School Application for Student Enrollment

Mail completed application to:
Ann Marie Babcock
Hawthorne Country Day School
5 Bradhurst Ave.
Hawthorne, NY 10532

Date of Application:	
Student Name:	
Address:	
Home Phone:	
Date of Birth:	
Citizenship Status:	
Certificate of Naturalization (if non US):	
Health Insurance (including Policy #):	
Referral Source:	
Reason for Referral:	
Name of Mother:	
Mother's Date of Birth:	
Mother's Maiden Name:	
Mother's Address (if different):	
Home Phone (if different):	
Work Phone:	
Employer:	
Occupation:	
Name of Father:	
Father's Date of Birth:	
Father's Address (if different):	
Home Phone (if different):	
Work Phone:	
Employer:	
Occupation:	
Guardianship	
Name of Legal Guardian:	
(Complete only if Legal Guardian is not parent)	
Date of Birth	
Address	
Home Phone	
Work Phone	
Employer:	
Occupation:	
If Student is Living in a Residential Care Facility	
Name of Agency:	
Address of Residence:	
Phone:	
Contact Person:	
Family Income Source Check all that apply	
Private Funds	
Social Security	
Disability	
SSI	
Medicaid	

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Medicare	
Other (please specify)	
Personal Information	
Family Members & Others Living in household	
Name	
Relationship	
Date of Birth	
Name	
Relationship	
Date of Birth	
Name	
Relationship	
Date of Birth	
Name	
Relationship	
Date of Birth	
Name	
Relationship	
Date of Birth	
Are there Siblings or other persons with disabilities? (circle) Yes No	
Physical Description of Student:	
Limiting Conditions (physical, emotional, behavioral):	
Diagnosis:	
Previous Service/Education (most Recent First)	
Person/Agency	
Address	
Type of Service/Dates	
Person/Agency	
Address	
Type of Service/Dates	
Person/Agency	
Address	
Type of Service/Dates	
Person/Agency	
Address	
Type of Service/Dates	

I give my permission for Hawthorne Foundation to contact other person(s) or agencies for pertinent information that will enable them to make an appropriate assessment of my child's needs. All information is confidential and will not be released from Hawthorne Foundation without my my written permission.

Parent/Guardian Signature

Date