



# MY SPECTRUM SCHOOL

## *Gifted & Talented Education*

11 Sintsink Drive East, Port Washington, New York 11050

516-883-8035

myspectrumschool.com

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### 2018 - 2019 Admission Application (Form A)

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#### Student Information

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Gender:  Male  Female

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

Date of Birth (month/day/year): \_\_\_\_\_

Birthplace/Citizenship: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

School District: \_\_\_\_\_

**Child's food allergies (please check all that apply):**

Eggs  Milk  Soy  Wheat  Shellfish  Fish  
 Peanuts  Tree Nuts (walnut, cashew, pecan, etc.)  Other \_\_\_\_\_

**Child's other allergies (please check all that apply):**

Latex  Bees  Wasps  Hornets  Other \_\_\_\_\_

**Child's domain strengths (please check all that apply):**

Math  Science  Language  Art (Visual)  Music  
 Social Understanding  Movement (Bodily Kinesthetic)

**How did you hear about us?**

Web Search  Google Ad  Facebook Ad  Print Ad  Referral  Other \_\_\_\_\_

## Gifted & Talented School Program: Ages 2 – 9

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- Preschool (Age 24 - 35 months)**                      3, 4, or 5 days
- Pre-Kindergarten (Age 3 - 4)**                      2, 3, 4, or 5 days
- Kindergarten (Age 5 - 6)**                      4 or 5 days

Session	Monday	Tuesday	Wednesday	Thursday	Friday
9:00am – 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00pm – 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00am – 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00am – 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Grade 1 (Age 7)**                      (9:00am - 3:00pm)                      \*5 days per week                      Monday - Friday
- Grade 2 (Age 8)**                      (9:00am - 3:00pm)                      \*5 days per week                      Monday - Friday
- Grade 3 (Age 9)**                      (9:00am - 3:00pm)                      \*5 days per week                      Monday - Friday

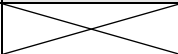
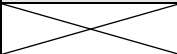
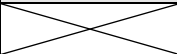
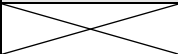
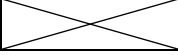
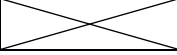
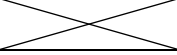
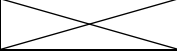
## Gifted & Talented After-School Enrichment: Ages 5 – 9

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Session	Monday	Tuesday	Wednesday	Thursday	Friday
3:00pm – 5:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00pm – 6:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




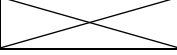
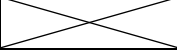
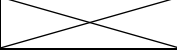
## After-School Studio Art: Ages 5 – 9

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Session	Monday	Tuesday	Wednesday	Thursday	Friday
4:00pm – 5:00pm					<input type="checkbox"/>
4:00pm – 6:00pm					<input type="checkbox"/>

## After-School Creative Learning: Ages 3 – 4

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Session	Monday	Tuesday	Wednesday	Thursday	Friday
3:00pm – 4:00pm	<input type="checkbox"/>		<input type="checkbox"/>		
3:00pm – 5:00pm	<input type="checkbox"/>		<input type="checkbox"/>		

## Sibling Information

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Name	Birth Date	Relationship	School & Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Parent/Legal Guardian Information

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### Parent/Legal Guardian #1

**Please check one:**  Parent  Step-Parent  Legal Guardian  Foster Parent

Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

### Parent/Legal Guardian #2

**Please check one:**  Parent  Step-Parent  Legal Guardian  Foster Parent

Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_