



MY SPECTRUM SCHOOL

Gifted & Talented Education

11 Sintsink Drive East, Port Washington, New York 11050

516-883-8035

myspectrumschool.com

2019 - 2020 Admission Application (Form A)

Student Information

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

- 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

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

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

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

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

Parent/Legal Guardian Information

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: _____