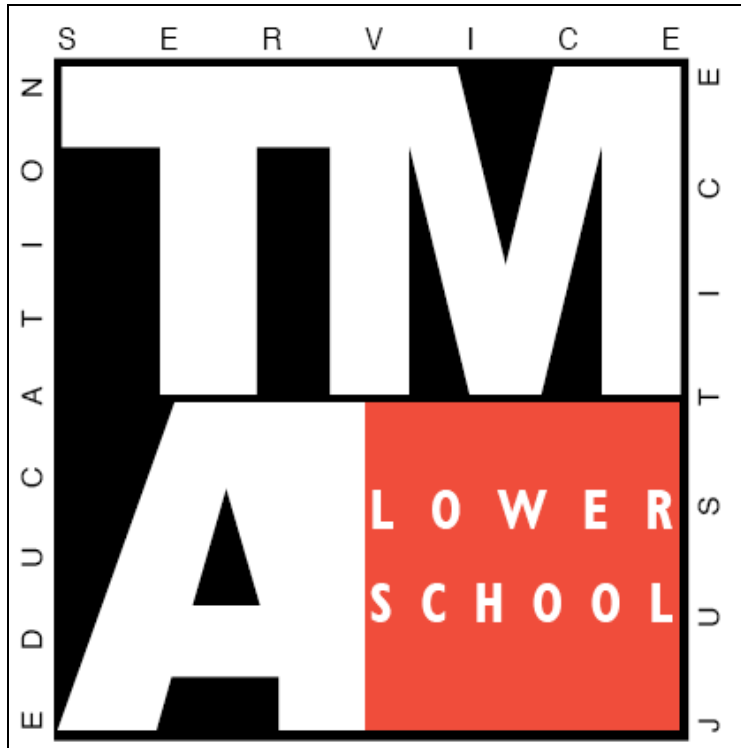


Thurgood Marshall Academy Lower School  
Application

Applicant Name: \_\_\_\_\_  
Last First

Grade Applying For: \_\_\_\_\_



*282 West 151st Street, New York, NY 10039  
212-368-8710 Fax: 212-368-8641*

## **Application**

**Completed applications must include the following:**

- 2 School Recommendations\* (grades 1—5)**
- Copy of report card (grades 1—5)**
- 2 Personal Recommendations (all grades)**
- Parental Statement (all grades)**
- Copy of Birth Certificate (all grades)**

\* If your child is not in school please provide two personal recommendations.

Thurgood Marshall Academy Lower School  
Application

Applicant Name: \_\_\_\_\_  
Last First

Grade Applying For: \_\_\_\_\_

**Applicant Information:**

Applicant: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Applying For: \_\_\_\_\_

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

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

How did you hear about our school? \_\_\_\_\_

If referred, who referred you? \_\_\_\_\_

**Parent Information:**

Mother: \_\_\_\_\_

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

Currently Employed: \_\_\_\_ Yes \_\_\_\_ No Title/Position: \_\_\_\_\_

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

Day Time Phone: ( \_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_ ) \_\_\_\_\_

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

+++++  
Father: \_\_\_\_\_

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

Currently Employed: \_\_\_\_ Yes \_\_\_\_ No Title/Position: \_\_\_\_\_

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

Day Time Phone: ( \_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_ ) \_\_\_\_\_

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



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Last First

Grade Applying For: \_\_\_\_\_

**Education Information:**

Current School: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Years Attended: \_\_\_\_\_

**Siblings:**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**What in school activities and or subjects does your child enjoy?**

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

**What are yours child's academic strengths?**

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

**What areas can your child use assistance?**

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

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**Please circle the following according to your thoughts:**

**1. Proper social skills and etiquette are important for our family.**

**Yes Somewhat No**

**2. It is important to reinforce school rules and expectations at home.**

**Yes Somewhat No**

**3. It is only the teachers responsibility to teach my child(ren).**

**Yes Somewhat No**

**4. It is important to reinforce what is done in school, academics and social skills.**

**Yes Somewhat No**

Thurgood Marshall Academy Lower School  
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Grade Applying For: \_\_\_\_\_

**Parent Questionnaire:**

**1. How would you describe your child? (include a brief description of their temperament and behavior at home)**

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**2. What activities does your child enjoy outside of school?**

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**3. As a parent what would you be able to offer to the TMALS family?**

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**4. How will you reinforce at home what your child learns in school?**

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**5. Are you able to fulfill the 20 volunteer hour commitment? \_\_\_\_\_ Yes \_\_\_\_\_ No.**

**If no, why not:** \_\_\_\_\_



Thurgood Marshall Academy Lower School  
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Applicant Name: \_\_\_\_\_  
Last First

Grade Applying For: \_\_\_\_\_

**School Recommendation:**

**To Parent/Guardian:**

**Please have this form completed and return it in a sealed envelope with the recommenders signature across the seal.**

**Applicants Name:** \_\_\_\_\_

**Dear Recommender:**

**The above named child is being considered for admission to Thurgood Marshall Academy Lower School. Please complete the following and return the form in a sealed envelope with your signature across the seal to the parent/guardian of the applicant.**

**Please use the following scale to rate the student in each area:**

**E=Excellent S=Satisfactory NI=Needs Improvement UN=Unsatisfactory**

- |                            |                          |                      |
|----------------------------|--------------------------|----------------------|
| ___ Cooperativeness        | ___ Motivation           | ___ Attention Span   |
| ___ Effort                 | ___ Class Participation  | ___ Independent Work |
| ___ Communication Skills   | ___ Peer Relations       |                      |
| ___ Intellectual Curiosity | ___ Leadership           |                      |
| ___ Sense of Humor         | ___ Self Confidence      |                      |
| ___ Oral Expression        | ___ Adaptability         |                      |
| ___ Gross Motor Skills     | ___ Self—Discipline      |                      |
| ___ Fine Motor Skills      | ___ Reaction to Setbacks |                      |

**Please give a brief description of the applicant including their temperament and handling of stressful situation.**

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**Recommenders Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

Thurgood Marshall Academy Lower School  
Application

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Last First

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\_\_\_ Cooperativeness                      \_\_\_ Motivation                      \_\_\_ Attention Span

\_\_\_ Effort                                      \_\_\_ Class Participation                      \_\_\_ Independent Work

\_\_\_ Communication Skills                      \_\_\_ Peer Relations

\_\_\_ Intellectual Curiosity                      \_\_\_ Leadership

\_\_\_ Sense of Humor                              \_\_\_ Self Confidence

\_\_\_ Oral Expression                              \_\_\_ Adaptability

\_\_\_ Gross Motor Skills                              \_\_\_ Self—Discipline

\_\_\_ Fine Motor Skills                              \_\_\_ Reaction to Setbacks

**Please give a brief description of the applicant including their temperament and handling of stressful situation.**

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**Recommenders Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_



Thurgood Marshall Academy Lower School  
Application

Applicant Name: \_\_\_\_\_  
Last First

Grade Applying For: \_\_\_\_\_

**Personal Recommendation:**

**To Parent/Guardian:**

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**Applicants Name:** \_\_\_\_\_

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\_\_\_ Communication Skills

\_\_\_ Reaction to Setbacks

\_\_\_ Intellectual Curiosity

\_\_\_ Leadership

\_\_\_ Sense of Humor

\_\_\_ Self Confidence

\_\_\_ Adaptability

**Please give a brief description of the applicant including their temperament and handling of stressful situation.**

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**Recommenders Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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\_\_\_ Reaction to Setbacks

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\_\_\_ Leadership

\_\_\_ Sense of Humor

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**Recommenders Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_