



Application for Admission

Fishers Island School
PO Box A, Greenwood Road
Fishers Island, NY 06390
631-788-7444

Date: _____ This is an application for grade _____ School Year _____.

Guidance Counselor: Mr. Gil Amaral g.amaral@fischool.com

Applicant:

Name: _____ Age _____ Birthday _____

Applicant's Address _____ Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Email Address _____

Business Address _____ Zip Code _____

(Home if different from applicant's) _____ Zip Code _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Email Address _____

Business Address _____ Zip Code _____

(Home if different from applicant's) _____ Zip Code _____

Who is legal guardian? _____

Do you want both parents (if living separately) to receive correspondence? _____

Brothers and/or Sisters

Name	Age	School Attending
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School History: List each school you have attended during the last three years. If you withdrew before completing any school year, please indicate reason. Please give exact address.

School	Street City & State	Dates Attended Reason for Leaving
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Current School Principal:
Name _____ Phone _____

Current Guidance Counselor:
Name _____ Phone _____

Elementary/Middle/High School Positions/Activities:

Leadership: _____

Sports: _____

Performing/Fine Arts: _____

Summer Activities: _____

Hobbies: _____

Please check any services you received in your current school:

- Reading, writing or math support
- Special Education services
- Counseling
- Speech/Language
- Special Diet

What Foreign Language have you taken? _____ How many years? _____

We offer the following extracurricular activities. Check any that you are interested in.

- Cross Country
- Basketball
- Golf
- Band
- Chorus
- Drama

Student Essay:

Please attach a one-page essay in your handwriting discussing one of the topics below:

1. A book or movie, which impressed you and/or changed your outlook.
2. How it feels when you think about the possibility of changing schools.
3. Describe a teacher who has had an impact on your life in a positive way.
4. What I hope to get out of attending Fishers Island School.

Return this application to: Mr. Charles Meyers, Superintendent
PO Box A, Greenwood Road
Fishers Island, NY 06390
Deadline: February 1, 2011

Student Signature: _____

Parent Signature: _____

Thank you for your interest in Fishers Island School.