

Please attach a current picture of the applicant

# The Robinson School

Office use only
Application Fee _____
Enrolled _____

Admissions: 973-204-5413 Fax: 973-757-2054

## Application for Admission

Date of Application \_\_\_\_\_

I hereby make application for the admission of my child to The Robinson School. In doing this, I subscribe to the regulations and to the spirit of discipline as set forth in the current catalog. I also agree to the financial terms as explained in the current supplemental material. Depending upon the payment plan I select, The Robinson School has my permission to check my credit history. **I HAVE ENCLOSED A NON-REFUNDABLE \$60.00 APPLICATION FEE, WHICH MUST BE PAID BEFORE THE APPLICATION CAN BE PROCESSED.**

### **I. Student Information**

Student's Name \_\_\_\_\_  
First Middle Last Preferred

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_ Instagram \_\_\_\_\_

### **II. Personal Information**

M / F \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Church Affiliation \_\_\_\_\_

How did you learn of The Robinson School? \_\_\_\_\_

List names of any relatives who have attended The Robinson School and the year(s) they attended:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year(s) Attended \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year(s) Attended \_\_\_\_\_

Please check one of the following:  U.S. Citizen  Naturalized Citizen  
 Foreign Student.....Will you need an I-20?  Yes  No (Applies to Foreign Students Only)

**Race (Optional – For Statistical Purposes Only):**  African American  American-Indian  Asian  
 Caucasian  Hispanic  Middle Eastern  Other \_\_\_\_\_

### **Please Check Activities in which you are interested**

Basketball

All Athletics and extra-curricular activities are offered on the basis of interest and having enough students to participate.

**III. Academic Information**

Present Grade \_\_\_\_\_

Name of School now attending: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Zip Code

Guidance Counselor: \_\_\_\_\_ School Phone: \_\_\_\_\_

Other schools the student has attended in the past three years:

School Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Guidance Counselor/Principal: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list the last classes taken in your present or previous school (ATTACH a copy of his current Report Card):**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

---

---

**IV. Parent / Guardian Information**

Father/Guardian's Name: \_\_\_\_\_

Home Address (If different) \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer/Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work : \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Home Address (If different) \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer/Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work : \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

## **V. Financial Agreement**

I certify that the applicant is of good moral character and is not under the jurisdiction of a court. I pledge the director of The Robinson School my support and cooperation in all that pertains to the welfare and honor of the school as a whole. I further certify that my child does not have a physical or mental condition that would be such that he could not perform the tasks of a daily routine or would cause him to harm himself or any other student.

I have read and fully understand all of the financial information pertaining to the enrollment of my child in The Robinson School.

I also understand that if my child should withdraw or be dismissed from the school for any reason that I am still responsible for the full cost as agreed upon in the student contract and that I am not entitled to any refund other than unused incidental funds.

---

Signature of Parent or Guardian who will be financially responsible for the applicant \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** If using a credit card to pay for the application fee, please provide the following information:

Credit Card #: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_ CVV: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name: \_\_\_\_\_

<p><b>The Robinson School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its' educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.</b></p>
--

Please send all applications to:

The Robinson School  
285 Union Avenue  
Irvington, NJ 07111