

**ARISTA PREP SCHOOL**  
275 Kingston Avenue • 755 Eastern Parkway  
Brooklyn, New York 11213  
(718) 493-9292

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**APPLICATION FOR ADMISSION**

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

SEX:  MALE  FEMALE

LIVES WITH:  MOTHER  FATHER  BOTH PARENTS  OTHER \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME OF PARENTS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PH: \_\_\_\_\_ DEPT: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PH: \_\_\_\_\_ DEPT: \_\_\_\_\_

HOW DID YOU HEAR ABOUT ARISTA PREP SCHOOL? \_\_\_\_\_

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DATE SUBMITTED

SIGNATURE OF PARENT/GUARDIAN

REMINDER: Please attach your REGISTRATION FEE to this application. For further information regarding REGISTRATION FEE, please see the back side of this form.

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**FOR OFFICE USE ONLY:**

Application Fee Paid: \_\_\_\_\_ Birth Cert.: \_\_\_\_\_ Date of Testing: \_\_\_\_\_ Grade: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_ Health Record: \_\_\_\_\_ Ins. Fee: \_\_\_\_\_ Test Results: \_\_\_\_\_

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**PLEASE NOTE:**

**THE "APPLICATION FOR ADMISSION" ON THE REVERSE SIDE OF THIS PAGE IS TO BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE ON THE MORNING OF THE PUPIL'S PLACEMENT TEST, ALONG WITH THE REGISTRATION FEE OF ~~\$170.00~~ PAYABLE IN CASH, BY MONEY ORDER OR CERTIFIED CHECK. THIS AMOUNT ASSISTS IN DEFRAYING THE COST OF INTERVIEWS, TESTING & APPLICATION AND REGISTRATION. THIS FEE IS NOT REFUNDABLE.**

**ARISTA PREP SCHOOL**

**(A MAGIC KINGDOM NURSERY SCHOOL COMPANY)**