



THORNTON
DONOVAN
SCHOOL

DAY AND RESIDENTIAL
INDEPENDENT AND INTERNATIONAL
100 YRS. IN 2001

100 Overlook Circle - New Rochelle, New York 10804
(914) 632-8836
www.thorntondonovan.com
www.td.edu

Application for Admission

Please fill out both sides of this form completely and accurately. Thornton-Donovan School is committed to treating all applicants for admission in a fair and equitable manner. The School will not discriminate because of race, color, sex, religion, national origin, or physical handicap as provided for in federal and New York State laws. Thornton-Donovan School is approved by the U.S. Department of Justice and can provide I-20 forms for immigrants.

Please Print: Date

Candidate's name in full

Residence

Cell
..... Zip Code: Phone No.

Date of Birth: Student's Social Sec. No.

Parent's E-Mail Address

Cell

Father's Name Home Phone No.

Father's Residence Zip Code:

Father's Place of Business and Position

Father's Business Address Bus. Ph. No.

Cell

Mother's Name Home Phone No.

Mother's Residence Zip Code:

Mother's Place of Business and Position

Mother's Business Address Bus. Ph. No.

Legal Guardian's Name (if other than above)

Residence (if different from Father & Mother)

Cell
..... Zip Code: Phone No.

Guardian's Place of Business and Position

Business Address

Name & address of present school

.....

Name of Headmaster or Principal

Grade to be completed by the end of this school year (check one):

K	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other schools attended within the past three years and their addresses:

.....
.....
.....

Character references for the applicant and their addresses (Give two):

.....
.....
.....

Name of family physician.....

Office Address

..... Zip Code: Phone No.

List any additional information which the School should have affecting this applicant's full participation in the academic and athletic program, including any emotional or medical conditions:

.....
.....
.....

Please indicate any family conditions (death, divorce, etc.) which the school should be aware of:

.....
.....

Who referred you to Thornton-Donovan School? (Give name and address):

.....

Has any member of the family attended or graduated from Thornton-Donovan? If "Yes," please list name and relationship:

Are you a U.S. citizen? Yes No

If not, what kind of VISA do you hold:

Languages other than English that are spoken at home:

.....
.....

Give names and ages of other children in the family and the school they are now attending:

.....
.....
.....

I hereby make application for admission of my

(son, daughter, etc.)

..... as a student at Thornton-Donovan
(candidate's name)

School for the period beginning 20.....

If the above named student is enrolled, I will be responsible for all tuition, fees and other charges incurred by the candidate. I also request that texts be ordered through my school district where possible.

Signature of Parent or Legal Guardian

This application must be accompanied by a non-refundable application fee of \$100.