

Is there any medical or other reason that the applicant cannot participate fully in any normal activities? *(If yes, please explain, attach additional sheets if necessary)*

Are there any special factors or conditions, including any special medications or allergies, affecting your child about which the school needs to be informed? *(If yes, please explain, attach additional sheets if necessary)*

Why do you want to attend the Sound Learning program? (Please have prospective student complete this section; you may attach an additional sheet, if necessary)

Elective choices are: Marine Biology, Robotics, Theater Arts, or Visual Arts. Please indicate your first and second choices, as spots are limited in each elective.

First Choice _____ Second Choice _____

How did you hear about The Stony Brook School or Sound Learning? *(Please give names where possible)*

- | | |
|---|--|
| <input type="checkbox"/> Alumnus _____ | <input type="checkbox"/> Brochure _____ |
| <input type="checkbox"/> Current Student _____ | <input type="checkbox"/> School's Website/Internet _____ |
| <input type="checkbox"/> Guidance Counselor _____ | <input type="checkbox"/> Admissions Representative _____ |
| <input type="checkbox"/> Minister _____ | <input type="checkbox"/> Faculty Member _____ |
| <input type="checkbox"/> Other _____ | |

Parent or Guardian Signature

Student Signature

Date

Please Include:

- **Most Recent Copy of Applicant's Report Card**
- **\$25 non-refundable processing fee (will be applied toward tuition if accepted)**
- **Please make check payable to "The Stony Brook School"**

Return to:

The Stony Brook School
Sound Learning Summer Program
1 Chapman Parkway
Stony Brook, NY 11790
(631) 751-1800 x594