



The Stony Brook School

INTERNATIONAL APPLICATION FOR ADMISSION

Name _____
first middle last

(Please print legal name exactly as it appears on passport. This name is used if student needs an I-20 to obtain F-1 student VISA.)

Preferred Name _____ Male Female

Home Address _____
street apt. # city zip country

Phone (H) _____ Fax (H) _____ E-mail _____

Date of Birth (MM/DD/Year) _____ Country of Birth _____ Citizenship _____

Current Grade _____ Applying for Grade _____ Year ____-____ Day Boarder Number of years English studied? _____

Primary Language (s) Spoken _____ Does the student need ESL? Yes No

Father or Male Guardian

Name (Dr./Mr./Rev.) _____

Address _____

City _____ Zip _____ Country _____

Phone (H) _____

Fax (H) _____

Parent E-mail _____

Profession _____

Employer _____

Address _____

City _____ Zip _____ Country _____

Phone (W) _____ Fax (W) _____

Mother or Female Guardian

Name (Dr./Mrs./Ms./Rev.) _____

Address _____

City _____ Zip _____ Country _____

Phone (H) _____

Fax (H) _____

Parent E-mail _____

Profession _____

Employer _____

Address _____

City _____ Zip _____ Country _____

Phone (W) _____ Fax (W) _____

<i>Check any that apply:</i>	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced
Student lives with?	<input type="checkbox"/> Father & Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Other _____
Receive Mail?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____
Legal Custody?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____
Financial Responsibility?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____

Name of Guardian/Contact Person Living in the United States (Dr./Mr./Mrs./Ms./Rev.) _____

Address _____
street apt. # city state zip

Phone (H) _____ Phone (W) _____ Fax _____ E-mail _____

Present School _____ Years Attended _____

Address _____
street city state zip country

Public Parochial Private Day Private Boarding Has applicant repeated any grade? No Yes, grade(s) _____

Is there any medical or other reason that the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities?

Yes No *If yes, please explain.*

Are there any special factors or conditions, including any special medications or allergies, affecting your child about which the school needs to be informed?

Yes No *If yes, please explain.*

How did you hear about The Stony Brook School? *Please give names where possible.*

- Alumnus _____ Minister _____ Guidance Counselor or Teacher _____
 Current Student _____ Admissions Representative _____ Catalog on Private Schools _____
 Faculty Member _____ Educational Consultant _____ Other _____

Do you have any relatives that currently attend the school? Yes No *If yes, please list names and years in attendance.*

Do you have any relatives that previously attended the school? Yes No *If yes, please list names and years in attendance.*

Do you have any siblings? Yes No *If yes, please complete the following:*

name	birthday	grade	school

Is The Stony Brook School your first choice? Yes No *Please list other college preparatory schools to which you intend to apply.*

Place of Worship _____ Pastor _____ Phone _____
Address _____
street city state zip

Please list all the athletic teams that you participated in for your school in the last 12 months.

Which sports are you intending to play at The Stony Brook School?

Please check the activities at The Stony Brook School that are of particular interest to the applicant:

- Art Band / Orchestra _____ Chess Choral Community Service Drama Robotics
 List Other Activities you are interested in: _____

*In order to better serve your child, we need to know if there have been any experiences that will influence the community life at The Stony Brook School. This includes things such as suspensions, expulsions, psychiatric care, substance use or abuse, or any other behavioral problems at home or at school. **Please note on a separate sheet** any situations that could influence your child's experience at The Stony Brook School. Failure to notify us could result in your child's separation from The Stony Brook School.*

Parent or Guardian Signature _____	Student Signature _____	Date _____	attach photo here
Please Include: <input type="checkbox"/> Non-refundable \$100 application fee <input type="checkbox"/> Copy of applicant's report card for the last 2 years to date <input type="checkbox"/> Photograph of the applicant			

Return To:
The Stony Brook School
Admissions Office
1 Chapman Parkway
Stony Brook, NY 11790