

151 Mitchell Lane, P.O. Box 1827, Bridgehampton, NY 11932  
Telephone: (631) 537-7068 Fax: (631) 537-5195

## Application for Admission

All applications and all related submissions are confidential. A \$25.00 fee must accompany this form in order for your application to be processed.

I wish to apply for my child, \_\_\_\_\_, to attend the  
(First) (Last)

Hayground School for the \_\_\_\_\_ school year. His/Her date of birth is  
\_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Names of Parents/Guardians \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E Mail \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_

Applicant's Current School: \_\_\_\_\_

Address: \_\_\_\_\_

Does Applicant Have Special Needs That You Wish to Discuss? Yes No

The Hayground School requires an admissions conference with parent before a contract is issued.