



For Office Use only:

Received: _____

Observation: _____

Interview: _____

Start Day: _____

Hayground School

Application for Admission

Child's full name _____

Sex (M/F) _____

Birth date _____

Home Address _____ Home phone _____

Father's name _____ Occupation _____

Employer's name and address _____

Work/Cell Phone _____ Email _____

Special interests, talents _____

Mother's name _____ Occupation _____

Employer's name and address _____

Work/Cell Phone _____ Email _____

Special interests, talents _____

Ethnicity: How would you describe your ethnic/cultural background? (Optional)

Mother _____ Father _____ Child/ren _____

Family status:

Parents living together ____ divorced ____ separated ____

Please list other children in the family:

Name _____ Birth date _____ Sex: _____

Name _____ Birth date _____ Sex: _____

Name _____ Birth date _____ Sex: _____

Are there others in your immediate household? _____

Have any siblings/relatives attended Hayground School? (please give name and year child graduated):

Health:

General Condition _____ Allergies? _____

Has the child had any severe injuries or illness? Yes _____ No _____

Does the child have special needs that you wish to discuss? Yes _____ No _____

Applicants Current School: _____

Grade: _____

Father's signature _____ Mother's signature _____ Date _____

Hayground School encourages and highly values active parent participation
in the life and health of the community.

*Hayground School does not discriminate against any person in admissions, financial aid, program involvement,
employment, or otherwise because of race, religion, age, gender, natural origin, disability or sexual orientation.*

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