

## WPS APPLICATION CHECKLIST

Winston Preparatory School accepts students on a rolling basis. The following materials are required in order to consider your application complete. Upon receipt of the below materials, the Admissions Committee will review your application in an initial screening. If the Committee believes the applicant may be an appropriate match for our program, your child will be invited for a school visit and interview. All applicants will be notified of the Committee's findings within three weeks of the initial screening and/or interview. Winston is a school for students with specific learning disorders, such as dyslexia, ADHD and Nonverbal Learning Disorders. Winston Preparatory School does not accept students with primary behavioral or emotional symptoms.

Please email all information to the campus you are applying to:

New York  
[ebrody@winstonprep.edu](mailto:ebrody@winstonprep.edu)

Connecticut  
[mrolfe@winstonprep.edu](mailto:mrolfe@winstonprep.edu)

New Jersey- Whippany  
[mfisher@winstonprep.edu](mailto:mfisher@winstonprep.edu)

New Jersey- Monmouth County  
[ktompson@winstonprep.edu](mailto:ktompson@winstonprep.edu)

Long Island  
[kpreston@winstonprep.edu](mailto:kpreston@winstonprep.edu)

Transitions  
[lkellner@winstonprep.edu](mailto:lkellner@winstonprep.edu)

California  
[katkins@winstonprep.edu](mailto:katkins@winstonprep.edu)

- ❑ Current (within 2 years) Psychoeducational or Neuropsychological Evaluation with cognitive, achievement and projective testing (see examples below). Please submit a copy. Do not submit the original document.
  - Cognitive function: WISC IV or WISC V (Wechsler Intelligence Scale for Children).
  - Academic Achievement: WJ-III Achievement (Woodcock Johnson IV) or WIAT IV (Wechsler Individual Achievement Test).
  - Projective Psychological Function: Rorschach and/or the Thematic Apperception Test and/or BASC (Behavioral Assessment Scale for Children).
- ❑ Completed Application for the 2020-2021 Academic Year
- ❑ \$100.00 Non-Refundable Application Fee paid to Winston Preparatory School and mailed to: Winston Preparatory School, 50 Broad Street, Suite 402, New York, NY 10004
- ❑ Completed Parental Statement
- ❑ School Transcripts/Report Cards
- ❑ Completed Teacher/Specialist Recommendation Form
- ❑ Completed Information Release Form
- ❑ Recent Photograph (Digital photo submitted via email)
- ❑ Attendance at an Online Information Session (not required)

# Winston Preparatory School Application for the 2020-2021 Academic Year

This is a fillable PDF. Please type directly into this form.

## 1. APPLICANT INFORMATION

Campus Applying to:

Legal name of applicant \_\_\_\_\_

Preferred nickname (if any) \_\_\_\_\_ Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Street

City

State

Zip Code

Country

Have you applied to WPS in the past?  Yes  No If yes, when did you apply? \_\_\_\_\_

Current school \_\_\_\_\_

Current grade \_\_\_\_\_ Applying for grade \_\_\_\_\_ Are you interested in immediate placement?  Yes  No

School address \_\_\_\_\_ Telephone \_\_\_\_\_

City

State

Zip Code

Former school(s): \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

## 2. HOUSEHOLD INFORMATION

Please complete the following information, as applicable.

### HOUSEHOLD NO. 1

#### PARENT/GUARDIAN

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Business phone \_\_\_\_\_

College/University \_\_\_\_\_

#### PARENT/GUARDIAN

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Business phone \_\_\_\_\_

College/University \_\_\_\_\_

Does the applicant live in a second household? \_\_\_\_\_

HOUSEHOLD NO. 2

PARENT/GUARDIAN

Name \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Occupation/Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Business phone \_\_\_\_\_  
College/University \_\_\_\_\_

PARENT/GUARDIAN

Name \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Occupation/Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Business phone \_\_\_\_\_  
College/University \_\_\_\_\_

Name(s) of sibling(s) age(s), and current school(s) \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Winston Prep?

- |   |  |                                   |  |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Evaluator            | <input type="checkbox"/> Consultant              | <input type="checkbox"/> School   | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Advocate or attorney | <input type="checkbox"/> Friend or Family member | <input type="checkbox"/> Internet | <input type="checkbox"/> Other         |

Please elaborate: \_\_\_\_\_

3. MEDICAL AND TREATMENT INFORMATION

1. Please list any allergies or health issues that require special attention.
  
2. Please list all of your child's current prescribed medications and dosages.
  
3. Has your child been diagnosed with any medical or mental health conditions? Please explain.

4. ONLINE INFO SESSION ATTENDANCE

Attendance of an online information session is not required for prospective parents/guardians. If you do plan on attending, or have already attended, please provide the online information session date.

Parents/Guardians information session date \_\_\_\_\_

Date of Attendance

## 5. SIGNATURE

This application is a request for admission. This application for admissions becomes binding only when the student is evaluated, accepted, and you have delivered a fully signed Enrollment Agreement to Winston. Please check the authorization box below and submit your \$100 application fee to the Business Office by mail: Winston Preparatory School, 50 Broad Street, Suite 402, New York, NY 10004.

By clicking this box, I am signing the application.

\_\_\_\_\_  
Parent or Guardian name (please print)

\_\_\_\_\_  
Date

ADDITIONAL CONTACT(S): As signer of this application you are the primary point of contact for all admissions communication. If you wish to also designate your spouse or anyone else to receive direct communication, please indicate their names and contact information below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred email and/or phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred email and/or phone: \_\_\_\_\_

The Winston Preparatory School admits students of any race to all the rights, privileges, programs, and activities generally accorded to students at this school. The school does not discriminate on the basis of race, sex, religion, or national origins in the administration of education policies, athletic programs, financial aid, payment plans, and other school administered programs.

## PARENTAL STATEMENT

An understanding of each individual drives Winston's educational program. In keeping with this spirit and philosophy, please thoughtfully share with us all that may be helpful in getting to know your child. Should you need more room to respond, responses may be sent via email.

### QUESTIONS:

1. Please describe your child, including strengths, weaknesses, personal relationships and interests outside of school.
2. Please describe your child's school experience, including the circumstances surrounding the onset of school related difficulties.
3. Is your child currently receiving support services (speech-language therapy, counseling, tutorial) within or outside of their current academic setting? Please describe type and frequency of service.
4. Why do you feel Winston Prep would be a good school for your child?

## INFORMATION RELEASE FORM

Full name of applicant: \_\_\_\_\_

I give authorization for the following professionals to provide any pertinent and confidential information regarding my child's medical, psychological, and academic functioning with Winston Preparatory School, as part of my child's application for admissions for the 2020-2021 school year. I understand that the information requested is for professional use and will remain confidential.

School Principal/ Guidance Counselor	Name:	Phone:  Email:
Psychologist/ Therapist	Name:	Phone:  Email:
Evaluator/ Ed Consultant	Name:	Phone:  Email:
Attorney/Advocate	Name:	Phone:  Email:
Additional services not listed above	Name:	Phone:  Email:

By clicking this box, I am signing the information release form.

\_\_\_\_\_  
Parent or Guardian name (please print)

\_\_\_\_\_  
Date