



# Thornton-Donovan SCHOOL

DAY AND RESIDENTIAL  
INDEPENDENT AND INTERNATIONAL  
100 YEARS IN 2001

100 Overlook Circle – New Rochelle, New York 10804

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## ***Application for Admission***

Please fill out **ALL** pages of this application completely and accurately. Thornton-Donovan School is committed to treating all applicants for admission in a fair and equitable manner. The School will not discriminate because of race, color, sex, religion, national origin, or physical handicap as provided for in federal and New York State laws. Thornton-Donovan School is approved by the U.S. Department of Justice and can provide I-20 forms for immigrants.

Please print clearly in all fields. Print out form and fill in and return by any contact method above.

**This application requires a non-refundable \$100 application fee.**

Candidate's name in full: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student's Social Sec. No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Father's Residence: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Place of Business and Position: \_\_\_\_\_

Father's Business Address: \_\_\_\_\_ Bus. Phone No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Mother's Residence: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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Mother's Place of Business and Position: \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_ Bus. Phone No.: \_\_\_\_\_

Legal Guardian's Name (if other than above): \_\_\_\_\_

Residence (if different from Father & Mother) \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Guardian's Place of Business and Position: \_\_\_\_\_

Guardian's Business Address: \_\_\_\_\_ Bus. Phone No.: \_\_\_\_\_

Name & Address of present school: \_\_\_\_\_

Names of Headmaster Or Principal \_\_\_\_\_

Grade Completed by the end of this school year (check one)

K	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other schools attended within the past three years and their addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Character references for the applicant and their addresses (Give two): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of family physician: \_\_\_\_\_

Office address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_



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List any additional information which the School should have affecting this applicant's full participation in the academic and athletic program, including any emotional or physical conditions:

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Please indicate any family conditions (death, divorce, etc.) which the school should be aware of:

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Who referred you to Thornton-Donovan School? (Give name and address)

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Has any member of the family attended or graduated from Thornton-Donovan? If Yes please list name and relationship:

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Are you a U.S. citizen? (Yes or No) If not, what kind of VISA do you hold?

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Languages other than English spoken at home:

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Give names and ages of other children in the family and the school they are now attending:

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I hereby make application of my (son, daughter, etc)

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(candidate's name) \_\_\_\_\_ as a student in grade \_\_\_\_\_ at Thornton-

Donovan School for the period beginning \_\_\_\_\_ 20 \_\_\_\_\_

If the above named student is enrolled, I will be responsible for all tuition, fees and other charges incurred by the candidate. I also request that texts be ordered through my school district where possible.

Signature of Parent or Legal Guardian:

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