



Family Physician \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_

Write about your child's development to date (medical/social): \_\_\_\_\_

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Write about your child's present educational needs as you see them: \_\_\_\_\_

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In order to complete your child's file, please submit recent psycho educational evaluation and current school reports. A Release of Information form is enclosed for you to share with your child's school.

When a child has been accepted, a deposit of 10% of current tuition is required to reserve a place for the school year. The deposit will be credited against the regular tuition fee. The remaining tuition may be paid in two equal installments, the first being due on June 1; the second on December 1. It is understood that since places are assigned for the entire school year, the full year's fee is incurred and no reductions or refunds will be made for withdrawal, dismissal, or absence.

\_\_\_\_\_  
Date of Application                      Grade                      Signature of Parent or Guardian  
(responsible for all dues)

A non-refundable application fee of \$50 must accompany this application. It should be mailed to: Director of Admissions, Eagle Hill School – Greenwich, 45 Glenville Road, Greenwich, CT 06831.

Optional:

If you wish the applicant to be identified with a particular ethnic group, please check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African American           | <input type="checkbox"/> Latino/Hispanic American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American/South Asian | <input type="checkbox"/> Middle Eastern American  | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Caucasian                  | <input type="checkbox"/> Multiracial American     |  |

*Eagle Hill School – Greenwich admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.*



**SCHOOL RELEASE OF INFORMATION FORM**

I HEREBY GIVE \_\_\_\_\_ SCHOOL PERMISSION TO  
NAME OF SCHOOL  
RELEASE ALL INFORMATION CONCERNING MY CHILD, REQUESTED BY EAGLE HILL – GREENWICH  
FOR THEIR PROFESSIONAL USE.

CHILD'S NAME \_\_\_\_\_

I UNDERSTAND THAT THIS INFORMATION WILL BE CONFIDENTIAL, BETWEEN THE SCHOOL AND  
EAGLE HILL – GREENWICH, AND WILL NOT BE RELEASED TO ANYONE ELSE WITHOUT MY  
CONSENT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OR PARENT OF

**SCHOOL INFORMATION REQUESTED:**

1. SCHOOL PERFORMANCE
2. TEST SCORES
  - A. GROUP I.Q. (NAME OF TEST, SCORES, AND DATE)
  - B. READING (NAME OF TEST, SCORES, AND DATE)
  - C. WISC (IMPORTANT: SUB-TEST SCORES PLUS V.S., P.S., F.S.), OR STANFORD-BINET
  - D. OTHER
3. TEACHER, GUIDANCE COUNSELOR, AND/OR OTHER STAFF COMMENTS
4. ANY AVAILABLE DATED SAMPLES OF CHILD'S WORK IN THE LANGUAGE AREA

PLEASE SEND ALL INFORMATION TO:      DIRECTOR OF ADMISSIONS  
EAGLE HILL – GREENWICH  
45 GLENVILLE ROAD  
GREENWICH, CT 06831