



Vincent Smith School
322 Port Washington Blvd. Port
Washington, NY 11050
516 365-4900
www.vincentsmithschool.org

2024 Summer Application Checklist

Dear Parent/Guardian,

Please complete this checklist and return it with the application and supporting documents to:

Admin@vincentsmithschool.org

- Application
 - Neuropsychological report if available
 - IEP or 504 if available
 - Report Card
 - Report by support services if available
- OT Speech/Language Psychological Tutoring Other



Vincent Smith School APPLICATION FOR ADMISSION



Date: _____ 2024-2025 Grade: _____

Please print.

Student's Name _____
(First) (Last)

Home Address _____
Street

City, State, Zip _____

Parent/Guardian phone () _____ Parent Email _____

Date of Birth _____ Male Female

Name of Public School District _____

Name of Attorney _____ Phone _____ E-Mail _____

Parent Information

_ Ms. _ Mrs. _ Mr. _ Dr.

_ Ms. _ Mrs. _ Mr. . _ Dr

Name _____
(Last) (First)

Name _____
(Last) (First)

Home Address _____

Home Address _____

City, State, Zip _____

City, State, Zip _____

Cell Phone () _____

Cell Phone () _____

E-Mail Address _____

E-Mail Address _____

Occupation _____

Occupation _____

Employer's Name _____

Employer's Name _____

Applicant lives with: _ Both Parents _ Father _ Mother _ Other _____
Relationship

Admission to Vincent Smith School is based upon the following:

- Review of the student's school records
- Student Interview/Screening