



PROFESSIONAL CHILDREN'S SCHOOL

Please include \$40 non-refundable Application Fee. Admission is not completed until the applicant has been accepted by the School and an enrollment contract has been signed by both the parent and the school. All sections must be fully completed (section J, if applicable). Please print or type.

Date 6/25/98

SECTION A.

Name of student (legal name) [redacted] [ ] Male [X] Female
Grade applied for 12 For entrance (month/year) 9/98
Date of birth [redacted] Birthplace (city/state) Newport, Rhode Island
Permanent address [redacted] Local address "
City/state/zip [redacted] City/state/zip "
Telephone [redacted] Telephone ( ) "
Fax ( [redacted] ) Fax ( ) "

SECTION B.

Applicant's present school [redacted] Current Grade 11
School address [redacted] Telephone ( [redacted] )
Counselor's/principal's name Ed Duhay
Grades/date attended 7th - 11th
Reason for leaving moved to New York
Previous Schools Attended (in reverse chronological order):
1. Name [redacted] Address [redacted]
Counselor's/principal's name Lucy Leach
Grades/dates attended 1st - 6th
Reason for leaving Attending performing arts high school
1. Name NONE Address
Counselor's/principal's name
Grades/dates attended
Reason for leaving

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SECTION C.

Father's name [REDACTED]  
 Father's address \_\_\_\_\_  
 City/state/zip \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_  
 Father's occupation/position \_\_\_\_\_  
 Name of father's firm \_\_\_\_\_  
 Business address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Parents:  Living together  Separated  Divorced  Father remarried  Mother remarried  
 Stepmother's name  mother is widow \_\_\_\_\_

Mother's name [REDACTED]  
 Mother's address [REDACTED]  
 City/state/zip [REDACTED]  
 Telephone ( ) [REDACTED]  
 Fax [REDACTED]  
 Mother's occupation/position Interior Decorator  
 Name of mother's firm Self-employed  
 Business address \_\_\_\_\_  
 Telephone ( " ) \_\_\_\_\_  
 Fax ( " ) \_\_\_\_\_  
 Stepfather's name \_\_\_\_\_

SECTION D. Required for students who live away from home.

Guardian's name \_\_\_\_\_ Name of business \_\_\_\_\_  
 Guardian's address \_\_\_\_\_ Business address \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ Business telephone ( ) \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_  
 Relationship to student \_\_\_\_\_  
 Occupation/position \_\_\_\_\_

SECTION E.

Who has financial responsibility? Mr. Jeffrey Epstein  
 Address 457 Madison Ave. City/state/zip New York, N.Y. 10022  
 Bank reference (name and branch) J.P. Morgan, 5<sup>th</sup> Ave.  
 Do you expect to apply for financial assistance?  Yes  No

SECTION F. Other children in family

Name	Age	School Attending	Grade
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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SECTION G. Have you any relatives who attended PCS? **NO**

Name Relationship Class (if known)

SECTION H. How did you become interested in PCS? (List name and address if applicable.)

The president of admissions at The Juilliard School, Ms. Mary Gray, referred me to your school.

SECTION I. Student History

Does the student have an illness or disability which would limit his/her school activities? [ ] Yes [X] No

Please explain.

Has student's school attendance been interrupted for a period of a month or more due to medical reasons?

[ ] Yes [X] No Please give reasons and approximate dates.

Name of family doctor

Telephone

Has the candidate skipped or repeated a grade? [ ] Yes [X] No Please indicate the grade(s) and the circumstances.

Has the candidate ever attended summer school? [ ] Yes [X] No Give the name and address of the school, the subjects taken, and the reasons for attending.

Has the candidate had special tutoring? [ ] Yes [X] No Please indicate the subject(s), the grade(s), when the candidate was tutored, and the circumstances.

Describe any special circumstances which have affected the candidate's performance in school (for example, learning disabilities, illness, physical handicaps, or frequent changes of home or schools). **- NONE -**

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SECTION J. If the student is "Professional" or "Pre-Professional," please fill out this section.

Professional name: [Redacted]

Student's professional goals: Actress/singer/model

Student is presently studying: [ ] Dance (type) \_\_\_\_\_  Music (instrument) Voice - Soprano

Drama [ ] Sports (specify) \_\_\_\_\_

Name of professional institution Big Duke Six Artists, Inc. Name of Instructor Mike Casey

Address 5 Union Sq. West City/state/zip New York, N.Y. 10003

Telephone [Redacted] Length of attendance ←

Please list other professional instructors and schools (include dates attended): DREYFOOS SCHOOL OF THE ARTS - VOICE & THEATRE MAJOR, INTERLOCHEN ARTS CAMP - '94, '95, '96

TANGLEWOOD INSTITUTE - '97, Sonia Santiago - voice teacher 97-98,

Palm Beach Opera - Maestro Anton Guadagno - voice instructor 97-98, etc.

Describe performing or professional experience (recitals, commercials, films, shows, television) and list dates or include

resume: See attached

Name of agent, manager or agency: \_\_\_\_\_ Is applicant presently working? [ ] Yes  No Describe job.

Mike Casey

Address 5 Union Sq. West Name of employer \_\_\_\_\_

City/state/zip New York, N.Y. 10003 Address \_\_\_\_\_

Telephone [Redacted] City/state/zip \_\_\_\_\_

Union affiliation \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Does  father or [ ] mother work in the performing arts? If so, please give professional name(s):

[Redacted]

SECTION K.

Candidate's signature [Redacted] Date 6/25/98

Parent's (or guardian's) signature:

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother [Redacted] Date 6/25/98

Professional Children's School does not discriminate on the basis of race, religion, sex, and national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the basis of color, religion, sex or national and ethnic origin in administration of its educational policies, scholarship and loan programs, or athletic and other school administered programs

Please mail this form to: Director of Admissions, Professional Children's School, 132 West 60th Street, New York, N.Y. 10023. Thank you.

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