



parents league  
of new york

115 East 82nd Street  
New York, New York 10028

Tel 212 737 7385  
Fax 212 737 7389

parentsleague.org

# Instructions for Filing School Membership Application

To become a Parents League Member School, an independent or proprietary ongoing or boarding school must have been in existence for five years and be accredited by a regional accrediting association or an international accrediting body with a recognized evaluation process. A preschool must be licensed with the NYC Department of Health and Mental Hygiene/Bureau of Child Care and be in existence for three years.

## **Please complete the following steps for filing an application as a Parents League Applicant School:**

1. Complete the attached application.
2. Provide letters of proposals from Heads of **two** Parents League Member Schools. Heads of Schools may email letter of proposal directly to Gina Malin, Executive Director at [gmalin@parentsleague.org](mailto:gmalin@parentsleague.org) and follow up with a hard copy via mail.
3. Pay \$95.00 application fee.
4. Email the completed application in PDF format to Gina Malin ([gmalin@parentsleague.org](mailto:gmalin@parentsleague.org)) or mail the form to Parents League of New York, 115 East 82<sup>nd</sup> Street, New York, NY 10028.

Once we have received your completed application and required letters, we will contact you to set up a site visit. Following the site visit, your application will be presented to the board for approval as a member school.



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# School Membership Application

## School Information

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

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

\_\_\_\_\_  
Date of Founding (Month/Year)

\_\_\_\_\_  
School Website Address

\_\_\_\_\_  
Head of School

\_\_\_\_\_  
Head of School's Email Address

### For Proprietary Schools:

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Owner's Email Address

## Contact Person (For Application Process)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Direct Phone Number

\_\_\_\_\_  
Email Address

A statement of the school's mission and objectives (attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## School Profile

**Please check all that apply:**

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Proprietary   |
| <input type="checkbox"/> Cooperative     | <input type="checkbox"/> Ongoing   | <input type="checkbox"/> Single Gender |
| <input type="checkbox"/> Coed            | <input type="checkbox"/> Religious | <input type="checkbox"/> Secular       |

Earliest Grade or Age \_\_\_\_\_ Last Grade or Age \_\_\_\_\_

## Current Year Enrollment

**For NYC and Country Day Schools:**

Boys \_\_\_\_\_ Girls \_\_\_\_\_ Total Enrollment \_\_\_\_\_

**For Boarding Schools:**

Boarding Enrollment: Boys \_\_\_\_\_ Girls \_\_\_\_\_ Total Boarding \_\_\_\_\_

Day Enrollment: Boys \_\_\_\_\_ Girls \_\_\_\_\_ Total Day \_\_\_\_\_

Total Enrollment: \_\_\_\_\_

## Accreditation

**For NYC, Country Day and Boarding Schools:**

Schools must be accredited by NYS AIS or by one of the regional accrediting agencies, or by an international accrediting body with a recognized evaluation process.

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1) Name of Accrediting Organization

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Membership Status (Full or Provisional)

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2) Additional Name of Accrediting Organization

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Membership Status (Full or Provisional)

**For NYC Early Childhood Programs:**

New York City Preschools must be licensed by the New York City Department of Health and Mental Hygiene.

Date of Issuance of New York DOHMH License	Name on License	License#
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Other Licensing Organization	Date of Issuance	Name on License	License#
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**Administrators**

Director of Admissions	Title	Email
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Lower School Head	Title	Email
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Middle School Head	Title	Email
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Upper School Head	Title	Email
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**Board of Trustees**

Name of Board Chair	Board Chair Email Address
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List names and titles of Officers of the Board of Trustees, or if organized under other auspices, legally responsible persons (attach additional sheet if necessary)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How did you hear about the Parents League?

\_\_\_\_\_

What services are you most interested in?

\_\_\_\_\_

## Application Fee

A non-refundable \$95 fee must accompany this application.

### Form of Payment:

Please make checks payable to Parents League of New York, Inc.

Visa       Mastercard       American Express

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Credit Card No. Exp. Date CVV

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Name on Card

---

Billing Address

---



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Signature

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Date

*The Board of Directors may deny membership to any school or may remove any school from its membership if the school has lost its accreditation or licensure or if, in the opinion of the Board of Directors, the school has failed to maintain the standards of similar type member New York City, Country Day and Boarding School.*