

## Fee Reduction Application - Early Childhood Admission Assessment (ECAA)

The Educational Records Bureau (ERB) administers this test for students Pre-K to Grade 4 in association with the Independent School Admissions Association of Greater New York (ISAAGNY)

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
<b>Grade Applying</b>		Have you applied for ERB fee waiver in the the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of previous request:		
PARENT / GUARDIAN INFORMATION						
Last Name		First		M.I.		
Street Address				Apartment/Unit #		
City		State	ZIP			
Home Phone		Cell Phone	Email Address			
Employer	Occupation					
Annual Salary	Business Phone					
PARENT / GUARDIAN INFORMATION						
Last Name		First		M.I.		
Street Address				Apartment/Unit #		
City		State	ZIP			
Home Phone		Cell Phone	Email Address			
Employer	Occupation					
Annual Salary	Business Phone					
Please explain any unusual or special circumstances about your family.						
Name(s) of school(s) applying to:						
DISCLAIMER AND SIGNATURE						
I certify that my answers are true and complete to the best of my knowledge.						
Parent/Guardian					Date	
Parent/Guardian					Date	

**In order to complete this application you MUST submit a copy of the first page of your most recent tax return. Once notified via email, you may contact the ERB to schedule your child's test date.**

**Fax to:**  
917-591-6992

**Mail to: S. Karr**  
St. Bernard's School  
4 East 98<sup>th</sup> Street  
New York, NY 10029

**Email to:**  
coordinator@isaagny.org