



# INQUIRY FORM

Thank you for your interest in **The Boys' Club of New York**. Please fill out the form below to receive information on all our programs and how to apply to an Independent Day or Boarding School.

\* Required Fields.

## Student Information

\*First Name:

Middle Name:

\*Last Name:

Suffix:

Gender:  Male  Female

Date of Birth (mm/dd/yyyy):

## Contact Information

\*Person Inquiring:

\*Relationship:

\*Address 1:

Address 2:

\*City:

\*State and Zip/Postal Code:

\*Country:

\*Email:

\*Daytime Phone:

Home Phone:

**Program**

Boarding or Day:

Entering Year:

**Present School**

Name:

Current Grade:

**Parent/Guardian One**

Same as Contact Info.

Relationship:

Prefix:

First Name:

Last Name:

Suffix:

Contact Phone:

Email:

Address 1:

Address 2:

City:

State and Zip/Postal Code:

Country:

**Parent/Guardian Two**

Relationship:

Prefix:

First Name:

Last Name:

Suffix:

Contact Phone:

Email:

**Other**

How did you hear about us?:

Questions/Comments:

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**Department of Educational Services**

**Tel.: (212) 677-1108 ext. 1153 – Administrative Assistant**  
**(212) 677-1108 ext. 1156 – BCNY Independent School Placement**  
**(212) 677-1108 ext. 1155 – BCNY Baseball Academic All-Stars**  
**(212) 677-1108 ext. 1152 – BCNY Basketball Academic All-Stars**

**Fax: (212) 253-1940**