

Application for Admission

APPLICATION DATE

STUDENT'S NAME

APPLYING FOR GRADE

Please enclose:

- Non-refundable \$50 application fee (per family) or \$250 for international applicants
Make checks payable to The Albany Academies.
- A recent photo

STUDENT INFORMATION

FIRST NAME OF APPLICANT

MIDDLE

LAST

M/F (Circle One)

PREFERRED NAME

AGE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

HOME PHONE

E-MAIL

STREET ADDRESS

CITY

STATE

ZIP

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

APPLICANT RESIDES WITH

FAMILY INFORMATION

- Parents married
 Parent(s) deceased

- Parents separated
 Mother deceased

- Parents divorced
 Parent(s) remarried

PARENT OR GUARDIAN

TITLE	FIRST	MIDDLE	LAST	Relationship to Child
SS#				
STEP-PARENT (IF APPLICABLE)	TITLE	FIRST	MIDDLE	LAST
HOME ADDRESS	STREET			
CITY			STATE	ZIP
HOME PHONE	E-MAIL			
FATHER'S EMPLOYER	OCCUPATION			
BUSINESS ADDRESS				
BUSINESS PHONE				

PARENT OR GUARDIAN

TITLE	FIRST	MIDDLE	LAST	RELATIONSHIP TO CHILD
SS#				
STEP-PARENT (IF APPLICABLE)	TITLE	FIRST	MIDDLE	LAST
HOME ADDRESS	STREET			
CITY			STATE	ZIP
HOME PHONE	E-MAIL			
MOTHER'S EMPLOYER	OCCUPATION			
BUSINESS ADDRESS				
BUSINESS PHONE				

APPLICANT'S SIBLINGS

NAME	BIRTH DATE	SCHOOL
NAME	BIRTH DATE	SCHOOL
NAME	BIRTH DATE	SCHOOL

RELATIVES OR FRIENDS WHO PREVIOUSLY ATTENDED OR WHO NOW ATTEND **AA AND/OR AAG**

NAME AND CLASS YEAR	RELATIONSHIP
NAME AND CLASS YEAR	RELATIONSHIP
NAME AND CLASS YEAR	RELATIONSHIP

ADDITIONAL INFORMATION

How did you become interested in The Albany Academies?

To what other schools have you applied?

CURRENT ACADEMIC INFORMATION

- Public
- Independent
- Parochial
- Home schooling
- Other _____

CURRENT SCHOOL	CURRENT GRADE	
SCHOOL ADDRESS		
CITY	STATE	ZIP
SCHOOL PHONE	SCHOOL FAX	
DATES OF ATTENDANCE	HEAD OF SCHOOL/PRINCIPAL	

PLEASE LIST THOSE INDIVIDUALS WHO WILL BE SUBMITTING YOUR RECOMMENDATIONS

Current English Teacher _____

Current Math Teacher _____

School Counselor/Principal _____

TUITION AND FINANCIAL AID

Person(s) responsible for tuition payments _____

Name _____ Relationship to Applicant _____

Address _____

Phone _____ E-mail _____

Name _____ Relationship to Applicant _____

Address _____

Phone _____ E-mail _____

Do you plan to file for financial aid? Yes No

SIGNATURE OF PARENT **DATE**

SIGNATURE OF PARENT **DATE**

SIGNATURE OF APPLICANT (GRADES 5-12 ONLY) **DATE**

PLEASE SUBMIT COMPLETED APPLICATION MATERIALS TO:

Office of Admission

The Albany Academies

135 Academy Road / Albany, NY 12208

Phone: (518) 429-2300 / Fax: (518) 463-5096

Record Release Form

Instructions for parent(s): Complete this form and return to the Office of Admission at The Albany Academies. This form is required for all applicants.

DATE _____

As parent/guardian of _____ (APPLICANT NAME)

I hereby authorize the release of any and all records of the above student to The Albany Academies, including his/her IEP (if applicable).

SIGNATURE

SCHOOL

ADDRESS

CITY

STATE

ZIP

School's Fax# _____

Records to be included for students applying to Pre-K through grade 12 are:

- Academic records
- Standardized test scores for the past two years and present year to date
- School reports and evaluations, if applicable
- Individualized Education Plan (IEP), if applicable
- Attendance and discipline records
- Health records

PLEASE SEND ALL RECORDS FOR THE ABOVE NAMED STUDENT TO:

Office of Admission

The Albany Academies

135 Academy Road / Albany, NY 12208

Phone: (518) 429-2300 / Fax: (518) 463-5096

Please send records promptly to help us complete the admissions process. Thank you in advance for your assistance. Preference is given to applications received by our application and financial aid deadline.

Parent Evaluation

The Admissions Committee values the special insight that parents have regarding their child's academic, social and emotional lives. Answering the questions below will help us know your child better.

NAME OF APPLICANT _____

APPLYING FOR GRADE _____

1. The search for a new school was initiated by:

- Applicant
- Parent(s)
- Other (please explain) _____

2. Please describe your child's study habits (entering Grades 2-12).

3. Please describe your child's relationship with his/her peers.

4. Please describe your child's relationship with his/her family.

5. What do you see as your child's particular strengths and talents?

6. What aspects of your child's personal, physical or emotional life would you like to see strengthened during his/her school experience?

7. Please explain any circumstances by which your child received attention from a physician, educational psychologist, counselor, etc. Though sensitive, this information deserves your candor so that we might better serve your son/daughter.

8. Does your child currently or did he/she previously have an Individualized Education Plan (IEP)? Yes No

9. Please include any other information you wish to have considered by the Admissions Committee.

SIGNATURE OF PARENT

DATE

Lower School Confidential Recommendation

Entering Grades: 2-4

Classroom Teacher

Instructions for parent(s): Please print your child's name in the space below and indicate the grade and school you are applying to. Give this form to your child's current classroom teacher with a stamped envelope addressed to The Albany Academies.

M/F (Circle One)

STUDENT'S NAME

APPLYING FOR GRADE

Instructions for the teacher: This student is seeking admission to The Albany Academies. We are a single-gender, independent day school offering instruction for three-year-olds through grade 12 and postgraduates. Our curriculum is rigorous and college preparatory.

Teacher recommendations have a direct bearing on the candidate's application. We appreciate your time and specificity in completing this recommendation. Please be as complete and candid as possible. This form is kept strictly confidential.

Please evaluate this applicant in the following areas in relation to other students of the same age. Place a check under the rating that best expresses your sense of him/her.

ACADEMIC SKILLS	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is he/she able to complete an assigned task independently?			<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EMOTIONAL DEVELOPMENT	USUALLY	SOMETIMES	SELDOM	NOT APPLICABLE
Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even-tempered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distractible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds well to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can handle feelings appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION

1 Is the candidate in good standing and eligible to re-enter your school if you offer the next grade level?

- Yes No

2 Has this student ever been subject to disciplinary action by the school?

- Yes No *If yes, please explain.*

3 Does the candidate have any significant limitations or weaknesses that you believe would hinder his/her success at AA/AAG?

- Yes No *If yes, please explain.*

4 Please indicate whether the candidate has ever been recommended for any of the following programs:

- Gifted and talented Speech Learning disabled
 Vision impaired Hearing impaired
 PT OT

5 Does this candidate currently or did he/she previously have an Individualized Education Plan (IEP)

- Yes No Unsure

6 How do you consider the candidate's parents?

- Very cooperative Usually cooperative
 Rarely cooperative Rather disinterested
 Have little communication

7 If your school is independent/private, are financial responsibilities for school bills met on time?

- Yes No Unsure Not applicable

8 Size of the student body at your school _____

Average number of students per class _____

If you have a school profile, please include.

If you wish to discuss this student personally, please check here.

OVERALL RECOMMENDATION

HOW DO YOU RECOMMEND THIS STUDENT?

As a student

Without reservation

Strongly

With reservation

Do not recommend

As a person

Without reservation

Strongly

With reservation

Do not recommend

NAME (PLEASE PRINT)

TITLE

SCHOOL

ADDRESS

CITY

STATE

ZIP

E-MAIL

PHONE

SIGNATURE

DATE

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