

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

Middle/Upper School Student Essay

To be filled out by the applicant in his/her own handwriting without assistance.

PRINT FULL NAME

PREFERRED NAME

CURRENT GRADE

1. What classes do you enjoy the most and which are your least favorite? Give your reasons for both:

2. Describe an academic accomplishment of which you are very proud:

3. Describe your involvement in school activities, other than academic subjects, and any leadership roles you held in these areas:

4. Describe your creative activities such as art, dance, music or theatre (include honors, prizes and positions of leadership).

5. Describe your athletic activities. Include teams and athletic clubs you are involved with outside of school (include honors, prizes and positions of leadership).

6. What plans do you have for your future beyond high school?

7. What newspapers and magazines do you enjoy reading regularly? Why do you choose these publications to read?

8. If you could recommend just one book for all other students in your grade to read, which book would you recommend and why?

9. In what way do you most enjoy spending your summer? Have you attended any boarding or day camps or sports clinics, or volunteered in any other summer programs?

10. Please list the clubs and community service programs you have belonged to as an active member over the past two years.

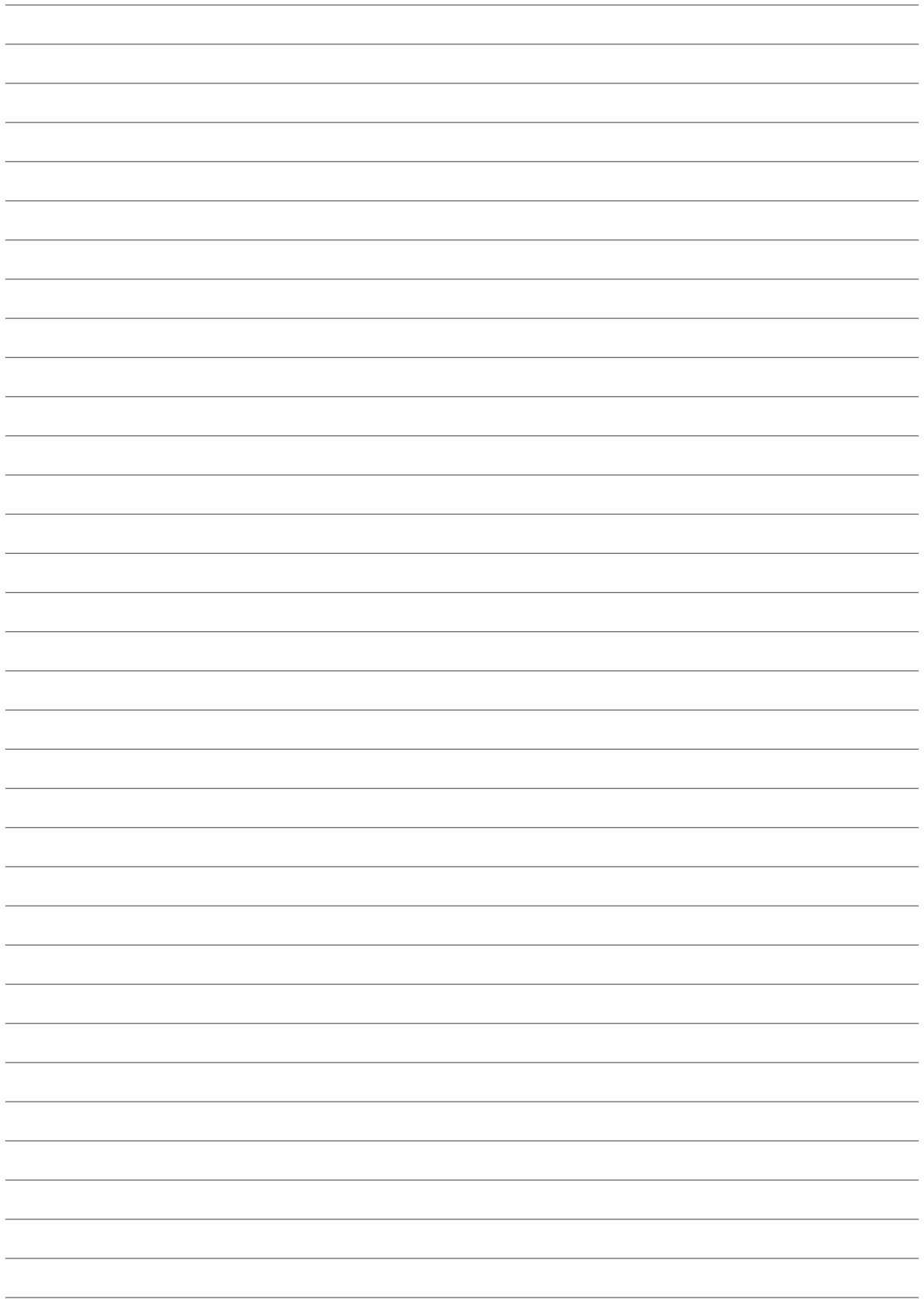
11. Please respond on the back to one of the four following questions in a 300-500 word essay. Include additional paper if necessary.

- a. You have just completed your autobiography, and it is 546 pages. Send us page 405.
- b. What do you think is the most important issue facing young men/women in our society today? Why?
- c. If you could pick an event in history to witness, what would it be and why?
- d. It is 25 years from now and your local newspaper has published an article about you. Send us the article.

Please feel free to include any additional interests or information about yourself that would be helpful to us in reviewing your application.

SIGNATURE

DATE



Middle/Upper School Confidential Recommendation

Entering Grades: 5–12

Current English Teacher

Instructions for the student: Please print your name in the space below and indicate the grade and school you are applying to. Give this form to your current English 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.

How long have you known the applicant? _____

Course Name/Description: _____

Text(s) used: _____

By June, you will cover which chapters? _____

In your opinion, will this student be ready to advance to the next level? Yes No

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 QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(CONT'D)	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS

If you have evaluated the applicant as “Below Average” or “Poor” in any area, please comment. If you have had the opportunity to observe the applicant outside of the classroom and care to add any comments, please use this section.

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** _____

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

Middle/Upper School Confidential Recommendation

Entering Grades: 5–12

Current Mathematics Teacher

Instructions for the student: Please print your name in the space below and indicate the grade and school you are applying to. Give this form to your current Mathematics 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.

How long have you known the applicant? _____

Course name/description: _____

Text(s) used: _____

By June, you will cover which chapters? _____

In your opinion, will this student be ready to advance to the next level Math Class Yes No

The next level math class is: _____

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 QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(CONT'D)	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS

If you have evaluated the applicant as “Below Average” or “Poor” in any area, please comment. If you have had the opportunity to observe the applicant outside of the classroom and care to add any comments, please use this section.

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** _____

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

Middle/Upper School Confidential Recommendation

Entering Grades: 5–12

School Counselor *or* Principal

Instructions for the student: Please print your name in the space below and indicate the grade and school you are applying to. Give this form to your current school counselor or principal with a stamped envelope addressed to The Albany Academies.

M/F (Circle One)

STUDENT'S NAME

APPLYING FOR GRADE

Instructions for the counselor/principal: 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.

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.

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

ACADEMIC QUALITIES

Please comment on the applicant's motivation, intellectual curiosity and study habits, as well as his/her ability to move successfully to the next level in school.

In your estimation, is the student's record of standardized testing an accurate reflection of his/her potential for academic success? Yes No *Please explain.*

PERSONAL QUALITIES

Please comment on the applicant's citizenship, responsibility, integrity, leadership, relation to peers and adults, and emotional maturity.

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 | <input type="checkbox"/> Without reservation | <input type="checkbox"/> Strongly | <input type="checkbox"/> With reservation | <input type="checkbox"/> Do not recommend |
| As a person | <input type="checkbox"/> Without reservation | <input type="checkbox"/> Strongly | <input type="checkbox"/> With reservation | <input type="checkbox"/> Do not recommend |

NAME (PLEASE PRINT) _____ TITLE _____

SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

SIGNATURE _____ **DATE** _____

PLEASE SUBMIT COMPLETED APPLICATION MATERIALS TO:

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