

# 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?

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To what other schools have you applied?

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**CURRENT ACADEMIC INFORMATION**

- Public
- Independent
- Parochial
- Home schooling
- Other \_\_\_\_\_

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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).

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

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

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

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

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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.

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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.

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SIGNATURE OF PARENT

DATE

# Lower School Confidential Recommendation

Entering Grades: Pre-Kindergarten–Grade 1

Classroom Teacher or Nursery School/Day Care Provider

**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 or nursery school/day care provider 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 post graduates. 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 confidential recommendation is reviewed with the full awareness that young children are constantly changing.

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.

PERSONAL/SPEECH	YES	UNCERTAIN	NO	NOT APPLICABLE
Can this student tell others his/her full name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can this student tell others his/her age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can this student tell others his/her complete address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can this student tell others the month and day of his/her birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can this student tell others his/her telephone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student express needs and requests verbally rather than by inappropriate means?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student have speech that is understandable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student speak in sentences of four or more words/six or more words? (circle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEGINNING ACADEMIC SKILLS	YES	UNCERTAIN	NO	NOT APPLICABLE
Does this student recognize (by naming) five/ten colors? (circle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student count by rote to five/ten/twenty/one hundred? (circle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student recognize numerals to five/ten/fifty/one hundred? (circle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student recognize some/all lowercase letters? (circle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student recognize some/all uppercase letters? (circle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student recite the alphabet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student show an interest in books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student comprehend pictures in books depicting action and stories read to him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(CONT'D)</b>	YES	UNCERTAIN	NO	NOT APPLICABLE
Does this student read at least five words found in the environment? (such as signs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student read at least five basic sight words? (such as a, the, is, this and at)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student attempt to read/decode words by using word-attack skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student find requested page numbers in a "read-to-me" book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student distinguish between fantasy and reality in stories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>VISUAL AND FINE-MOTOR SKILLS</b>	YES	UNCERTAIN	NO	NOT APPLICABLE
Does this student recognize his/her name in print?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student copy a circle/plus sign/triangle/square/rectangle/rhombus? (circle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student write his/her first name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student write his/her last name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student write numerals in a sequence to ten/one hundred? (circle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student draw pictures that are recognizable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student draw a picture of a person with recognizable body parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student try to stay within the lines when coloring pictures with crayons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student use scissors to cut paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student successfully complete arts and crafts projects appropriate for age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student assemble puzzles appropriate for age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>DOMINANCE/LATERALITY</b>	YES	UNCERTAIN	NO	NOT APPLICABLE
Does this student consistently use the same hand as the preferred hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student discriminate between his/her right hand and left hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student follow the pattern of working left to right and top to bottom when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SELF-HELP SKILLS</b>	YES	UNCERTAIN	NO	NOT APPLICABLE
Does this student dress himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student button his/her clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student totally take care of toileting needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student tie his/her shoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SOCIAL SKILLS</b>	YES	UNCERTAIN	NO	NOT APPLICABLE
Does this student seem at ease with adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student seem at ease with peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student exhibit independence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student show possessiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student cooperate in play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student play alone happily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student play with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student share well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student quarrel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student stand up for own rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student cooperate with adult suggestions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student greet others in an appropriate manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student willingly and cooperatively participate in small group activities/games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student show concern for others by using materials and equipment safely and appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student resolve simple conflicts by using words (or positive language skills) rather than actions (physical)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>EMOTIONAL DEVELOPMENT</b>	YES	UNCERTAIN	NO	NOT APPLICABLE
Does this student separate easily from parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student seem confident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student seem enthusiastic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student seem aggressive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student seem even-tempered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student seem quiet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student seem nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student willingly engage in a new activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student usually make an effort to solve problems before seeking help from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student usually continue an activity without constant attention and encouragement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student usually accept limits set by an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this student usually reflect a happy disposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL COMMENTS**

Please use this space to share any other information you believe would be helpful to the Admissions Committee. Information about the student's strengths and challenges, with specific examples, is particularly useful.

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### ADDITIONAL INFORMATION

- 1 Does your school/program give periodic report cards?  
 Yes  No
- 2 Is the candidate in good standing and eligible to re-enter your school if you offer the next grade level?  
 Yes  No  Not applicable
- 3 Has this student ever been subject to disciplinary action by the school?  
 Yes  No *If yes, please explain.*  
\_\_\_\_\_  
\_\_\_\_\_
- 4 Has the candidate any significant limitations or weaknesses that you believe would hinder his/her success at AA/AAG?  
 Yes  No *If yes, please specify.*  
\_\_\_\_\_  
\_\_\_\_\_
- 5 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
- 6 Does this candidate currently or previously did he/she have an Individualized Education Plan (IEP)?  
 Yes  No  Unsure
- 7 How do you consider the candidate's parents?  
 Very cooperative  Usually cooperative  
 Rarely cooperative  Rather disinterested  
 Have little communication
- 8 If your school is independent/private, are financial responsibilities for school bills met on time?  
 Yes  No  Unsure  Not applicable
- 9 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 \_\_\_\_\_

#### 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