

APPLICATION FOR ADMISSION

TO BE FILLED IN BY PARENT/GUARDIAN(please print):

1. STUDENT'S NAME: _____
FIRST MIDDLE LAST

2. PRESENT SCHOOL: _____ BORO: _____

PRESENT GRADE: _____

3. DATE OF BIRTH: _____ AGE: _____ GENDER: _____
MONTH DAY YEAR

STUDENT'S PLACE OF BIRTH: _____
CITY STATE/PROVINCE COUNTRY

HAS STUDENT ATTENDED SCHOOL IN ANOTHER COUNTRY? _____ WHAT GRADES? _____

4. STUDENT'S ADDRESS: _____ APT. # _____
NUMBER STREET/AVENUE

CITY/BORO STATE ZIP CODE

HOME PHONE: _____ PARENT'S PRIMARY E-MAIL: _____
AREA CODE NUMBER

5. PRIMARY PARENT/GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

RELATIONSHIP TO STUDENT: _____

6. RELIGION _____

7. LANGUAGE(S) SPOKEN AT HOME: _____

8. PARENT(S)/LEGAL GUARDIAN(S) WITH WHOM STUDENT LIVES (Check all that apply):

____ FATHER ____ STEPFATHER ____ FATHER DECEASED ____ PARENTS SEPARATED

____ MOTHER ____ STEPMOTHER ____ MOTHER DECEASED ____ PARENTS DIVORCED

____ OTHER _____

(Please Explain)

9. NAMES OF BROTHERS AND SISTERS: _____ AGE: _____ SCHOOL: (IF APPLICABLE) _____

(CONTINUED ON BACK PAGE)



DE LA SALLE ACADEMY

DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, NATIONAL OR ETHNIC ORIGIN



APPLICATION FOR ADMISSION

TO BE FILLED IN BY STUDENT ONLY:

STUDENT'S NAME: _____ GENDER: _____

SCHOOL: _____ CURRENT GRADE: _____

1. Please list activities, interests, hobbies or sports in which you have been involved in the last 2 years.

2. If you have been involved in any of the activities below, place a check next to that activity and on the line below it, list any schools or special programs you have attended or performances you have given:

MUSIC (check instruments below) ART DANCE (list types of dance below) DRAMA

guitar drums jazz modern
 piano keyboard ballroom ballet
 voice other _____ tap other _____

OTHER ACTIVITIES _____

3. Please check the type of reading you like the most:

NOVELS (check type) BOOKS (check type) MAGAZINES

science fiction historical NEWSPAPERS
 mystery sports OTHER _____
 fantasy biography

4. Identify two school subjects you enjoy and briefly explain why you like **each** of them.

5. List the titles of some books you would like to discuss with the interviewer(s) if you are chosen for an interview.

6. Describe some situations in which you volunteered to help either an individual or an organization in need. (Please give examples in your description.)

7. What groups or clubs do you belong to outside of school? (e.g. church group, Scouts, dance, sports, etc.)

8. Have you ever done any traveling? Where and when?

9. Why do you want to attend De La Salle Academy?

10. Please use the space below for any other information about yourself not covered above that you feel would help us to know more about you and your interests.

SCHOOL TRANSCRIPT

STUDENT'S NAME: _____ GENDER: (M/F) _____

FIRST MIDDLE LAST

PRESENT GRADE: _____ SCHOOL PHONE: _____

SCHOOL NAME: _____ FAX: _____

SCHOOL ADDRESS: _____
NUMBER STREET BOROUGH ZIP

PLEASE COMPLETE THE FOLLOWING, EITHER BY WRITING THE REQUESTED INFORMATION ON THE LINES (PREFERRED), OR BY ATTACHING COPIES OF REPORT CARDS AND/OR TEST SCORES TO THE BACK OF THIS SHEET. IN EITHER CASE, PLEASE FILL OUT THE TOP AND BOTTOM AND INCLUDE THIS SHEET.

APPLICANT'S FINAL REPORT CARD GRADES FOR JUNE OF THE PREVIOUS SCHOOL YEAR:

READING COMP.	_____	MATH	_____
COMPOSITION	_____	SCIENCE	_____
SOCIAL STUDIES	_____	AVERAGE	_____
CONDUCT	_____	RANK IN CLASS	_____

APPLICANT'S MOST RECENT REPORT CARD GRADES FOR THE CURRENT SCHOOL YEAR:

READING COMP.	_____	MATH	_____
COMPOSITION	_____	SCIENCE	_____
SOCIAL STUDIES	_____	AVERAGE	_____
CONDUCT	_____	RANK IN CLASS	_____

YOU MAY USE THE BACK OF THIS PAGE FOR ANY ADDITIONAL INFORMATION CONCERNING THIS STUDENT'S ACADEMIC PERFORMANCE.

YOUR NAME AND POSITION: _____ DATE: _____

YOUR E-MAIL ADDRESS: _____

TEACHER RECOMMENDATION

(ALL RESPONSES WILL REMAIN STRICTLY CONFIDENTIAL)

STUDENT'S NAME: _____ GENDER: _____
FIRST MIDDLE LAST

CURRENT GRADE: _____ SCHOOL PHONE: _____

SCHOOL NAME: _____ FAX: _____

SCHOOL ADDRESS: _____
NUMBER STREET BOROUGH ZIP

PLEASE CHECK THE RATING WHICH BEST DESCRIBES THE STUDENT'S PERFORMANCE IN THE AREAS LISTED. PLEASE CHECK ONLY ONE BOX FOR EACH ITEM. BEST RESULTS WILL OCCUR WHEN YOUR RECOMMENDATION CONCURS WITH OUR OWN OBSERVATIONS ON SIMULATED SCHOOL DAY AND WITH THE STUDENT'S OWN SELF-ASSESSMENT DURING THE PERSONAL INTERVIEW.

Personal Description

<u>low</u>	<u>average</u>	<u>above average</u>	<u>high</u>	<u>outstanding</u>	
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Starting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation of Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates Well with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence from Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates Well with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Description

Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Academic Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Academic Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares for Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness with Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Planning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-through/Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<u>low</u>	<u>average</u>	<u>above average</u>	<u>high</u>	<u>outstanding</u>
<u>MATH SKILLS</u>					
Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasp of Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>READING SKILLS:</u>					
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powers of Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>WRITING SKILLS:</u>					
Grammar & Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of Paragraphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>SPEAKING SKILLS:</u>					
Clarity of Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREA(S) OF GREATEST STRENGTH:

AREA(S) NEEDING IMPROVEMENT:

Do standardized test scores and report card grades reflect the true ability of this student? Y/N If not, please explain:

Has this student ever skipped a grade? _____ If yes, which grade was skipped? _____

Has this student ever repeated a grade? _____ If yes, which grade was repeated? _____

Are you aware of any home or personal circumstances that might hinder this student's success in a demanding academic environment? If yes, please explain:

Additional commentary on this student's personal qualities may be attached on a separate sheet.

(Please Circle) low average above average high outstanding

Overall Academic Rating: **1** **2** **3** **4** **5**

Overall Personal Rating: **1** **2** **3** **4** **5**

Please state your position in the school. _____

How long have you known this student? _____

YOUR NAME AND POSITION: _____
(Please Print)

SIGNATURE: _____ DATE: _____

YOUR E-MAIL ADDRESS: _____

(PLEASE EMAIL APPLICATIONS TO Admissions@dlsany.org. THANK YOU.)

(Student's Name: _____)