



Application for Acceptance

kindness
academy
perseverance
college
akitas
career
attitude

For Office Use Only

Student Name: _____

Shadow Date: _____

Bus? ____

A message to prospective parents & students:

At The Academy we use a multifaceted educational model that works best when students are motivated and accountable for their learning. With high standards and strong family engagement, The Academy's individualized educational approach is geared to unlock students' passion for learning, one student at a time.

The Academy empowers its students to take charge of their learning, to become responsible citizens and life-long learners. Our goal is to help students develop problem solving skills, express themselves creatively, expand their knowledge base, interact effectively with others and engage in meaningful projects.

Learning goes beyond the classroom. Our experiential learning program provides a vehicle for connecting real world learning to curriculum.

We enroll families, parents, guardians, and siblings as part of an integral part of our school. We work to maintain strong relationships between home and school knowing that student success will rely on a collective effort within our community.

We invite you to visit The Academy, meet our staff and our students, and explore real world learning with us.

Welcome!

Sarah Scionti

Principal,

The Academy

Application Process

The Academy engages home school staff, students and their families in all aspects of the application, admission, and educational process. In order to apply to The Academy, home school guidance counselors, students and their parent(s) and/or guardian(s) must complete the following steps:

- 1) See your guidance counselor to complete pages 1-5 and page 7 in the application. Pages 6 and 8 (the essays) can be done before or after the shadow experience at The Academy.
- 2) Be sure all sections of the application are completed by appropriate staff and that the appropriate staff members have signed-off on the application.
- 3) Once the application is complete, your guidance counselor will send the application to The Academy.
- 4) The application will be reviewed by The Academy and will call the student to schedule a day for the student to shadow and interview.

Please call The Academy guidance counselor (203-301-5647) should you have specific questions about the application process.

Completed Applications can be sent to:

The Academy
140 Gulf Street
Milford, CT 06460
Phone: 203-783-3652
Fax: 203-783-3469
Email: ebernardo@milforded.org
or phernandez@milforded.org

Student Information

To be completed by home school guidance counselor with student

This form and all requested attachments must be completed and forwarded to the school secretary at The Academy.

Incomplete applications will be returned for completion.

Date: _____

Student name: _____ Date of Birth: _____

Student ID# _____

Does this student:

Receive special education services _____

Have a section 504 Accommodation Plan _____

If so, please specify...

Resource Room _____ Resource hours _____

Counseling hours _____ Self-Contained Room _____

Significant medical condition (severe allergies, asthma...) Yes _____ No _____

If so, please specify: _____

Please Note: Upon acceptance into The Academy, transition PPTs will include the necessary staff members from both the referring school as well as The Academy

Address: _____ Home Phone: _____

Home School: _____ Grade: _____

Home School Guidance Counselor: _____ Phone: _____

Home School Administrator: _____ Phone: _____

Length of time attended home school: _____

Name/Address Mother/Guardian: _____ Work Phone: _____

_____ Cell Phone: _____

Name/Address Father/Guardian: _____ Work Phone: _____

_____ Cell Phone: _____

Who are you? Tell us a little about yourself

To be filled out by the student:

What is your favorite thing to do?

What is your favorite word? _____

Tell us about a difficult time in your life from which you've learned a valuable lesson.

Tell us about a time when you were a leader.

How would your classmates describe you?

List three activities/hobbies that you've done outside of school that have been the most important to you.

How can The Academy help you become career and college ready? What plans do you have for the future?

Special Services Release of Records

If you have an IEP, 504 Plan or any other resource services from your homeschool, you should complete this form. Please make sure that this Release of Records is given to you Special Education Department. It is your responsibility to make sure they complete it and return it along with appropriate records to The Academy.

To be completed by student and parent/guardian:

I hereby give permission to release copies of all (IEP, 504 Plan, Evaluation) records to The Academy for the purpose of his/her application to The Academy.

I understand that all records provided to The Academy are required to complete the application process and will be maintained on a confidential basis.

Student Name (Print) Student Signature Date

Parent Name (Print) Parent Signature Date

To be completed by Special Education Department

Note: Check of items included in the application packet:

- Copy of students most recent IEP
- Current Psychological Evaluations
- Current Educational Evaluations
- Other Evaluations Completed

School Representative (PRINT) School Representative (Signature) Date

Title School

V. Please indicate any of the following characteristics of the student:

Talents: _____

Interests: _____

Other positive attributes: _____

Please send the following information from the student's cumulative record.
This application will not be considered complete without this information.

- Disciplinary record
- Attendance record
- Transcript
- Power School Quick Look-Up
- Transfer Compliance Form

Signatures

_____ (student name) is applying to The Academy. The signatures below indicate the knowledge of this application. Please feel free to add comments and/or check the box that you would like to discuss the student's credentials over the phone.

Guidance Counselor

Please Call to Discuss

Guidance Counselor (PRINT)

Guidance Counselor (Signature)

Date

Dean of Students

Please Call to Discuss

Dean of Students (PRINT)

Dean of Students (Signature)

Date

Signatures

Administrator

Please Call to Discuss

Administrator (PRINT)

Administrator (Signature)

Date

Social Worker/Psychologist

Please Call to Discuss

Social Worker (PRINT)

Social Worker (Signature)

Date

School Nurse

Please Call to Discuss

Nurse (PRINT)

Nurse (Signature)

Date

Parent/Guardian

Please Call to Discuss

Parent/Guardian (PRINT)

Parent/Guardian (Signature)

Date

Student

Student (PRINT)

Student (Signature)

Date