



The Academy  
140 Gulf Street  
Milford, CT 06460  
(203)783-3652

# The Academy

## Application for Acceptance

**For office use only**

Student Name: \_\_\_\_\_

Shadow Date: \_\_\_\_\_

Bus? \_\_\_\_\_

Acceptance Status: \_\_\_\_\_

Dear Prospective Students and Families,

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

The Academy empowers students to take charge of their learning, to become responsible citizens and lifelong 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. Utilizing both Project Based Learning and Restorative Practices, students are challenged in creative and meaningful ways.

We work to maintain strong relationships between home and school knowing that student success relies on the connection they have with staff.

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

Welcome!

*Sarah Scienti*

Principal,  
The Academy  
Tel. 203-783-3652

School website: <http://www.milforded.org/page.cfm?p=3234>

## **Application Process**

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

- 1) Meet with guidance counselor and/or appropriate staff to discuss The Academy.
- 2) Guidance counselor and/or appropriate staff will complete **pages 3 & 4** of the application.
- 3) Student and parent(s)/guardian(s) are responsible for completing **pages 5-8**. Please return those portions to your guidance counselor prior to your interview with The Academy.
- 4) Any missing documents from the application are required at the time of the interview.
- 5) The application will be reviewed by the staff at The Academy. The Academy will call to schedule a shadow and interview with the student and parent(s)/guardian(s).

Please contact The Academy for further information or questions:

The Academy  
140 Gulf St  
Milford, CT 06460  
203-783-3652  
Fax: 203-783-3469

### Student Information

To be completed by the guidance counselor or appropriate staff.

Please sign below to verify that you have discussed this application with the student and parent(s)/guardian(s).

Guidance Counselor name (print)	Signature	Date
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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle One:

Joseph A Foran H.S.

Jonathan Law H.S.

Does this student:

Receive Special Ed Services:      Yes\*      No

Have a 504 Accommodation Plan:      Yes\*      No

Significant medical condition:      Yes\*      No

***\*If yes, please attach appropriate documentation (IEP, 504, medical).***

Please describe the main reason for this referral and any other pertinent reasons why this student would benefit from attending The Academy:

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**Please print and attach the following with the application:**

\_\_\_\_ Emergency Card

\_\_\_\_ Demographics

\_\_\_\_ Log entries/Disciplinary record

\_\_\_\_ Attendance record

\_\_\_\_ Transcript

\_\_\_\_ 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 if you would like to discuss the student's credentials over the phone.

### Administrator

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Print Name

Signature

Date

Please call to discuss

### Social Worker/Psychologist (if appropriate)

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Print Name

Signature

Date

Please call to discuss

### Other staff signatures (please specify relationship to student)

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Print Name

Signature

Date

Please call to discuss

**Student Information**

**To be completed by the student and to be returned to their guidance counselor.**

Do you think The Academy would meet your needs and why?

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What obstacles have been in the way of your educational success up to this point?

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How would your classmates describe you?

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List three activities/hobbies outside of school that you enjoy:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Strengths

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Areas for improvement

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What are your plans for the future (post-secondary, employment, 5 years from now, etc.)?

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Tell us about a time that you were a leader.

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**Signature of Student**

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Print name

Signature

Date

**Parent/Guardian Form**

**To be completed by the parent(s)/guardian(s) and to be returned to the guidance counselor.**

Strengths of your son/daughter:

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Areas for improvement for your son/daughter:

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What are the barriers that have prevented your son/daughter from being successful?

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Please describe any strategies that you feel help your son/daughter be successful:

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Please explain why you want your child to attend The Academy. Briefly describe why you feel this would be the appropriate place for your son/daughter’s educational success. We are interested in getting to know you and your son/daughter so please add any information you feel would help the team in getting to know you better.

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**Signatures of Parent(s) or Guardian(s):**

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Print Name	Signature	Date
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Relationship to student: \_\_\_\_\_

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Print Name	Signature	Date
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Relationship to student: \_\_\_\_\_

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Print Name	Signature	Date
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Relationship to student: \_\_\_\_\_