



BUFFALO ACADEMY OF SCHOLARS

Application for Admission 2017-2018

Student Information

First Name

Last Name

M.I

Gender

Male

Female

Please circle your ethnicity:

African American Hispanic/Latino Asian Caucasian

Native American Hawaiian/Pacific Islander Middle Eastern

Prefer not to answer Other

Date of Birth

Age

Current Grade

Parent Email Address

Residence

Street Address

Street Address Line 2

City

State

Zip Code

School District of Residence



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Daytime phone number (cell)

Evening Phone Number

Mother's Name

Father's Name

Mother's Occupation

Mother's Place of Employment

Mother's Highest Level of Education:

(circle one) HS AS BA/BS MA/MS Ph.D. MD

Father's Occupation

Father's Place of Employment

Father's Highest Level of Education:

(circle one) HS AS BA/BS MA/MS Ph.D. MD

Residence of Parents (if different than student's)

Street Address

Street Address Line 2

City

State

Zip Code

Enrollment History

Current School 2015-2016

School Name

City

State

Date started



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Previous School 1

School Name City

State Date started Date ended

Previous School 2

School Name City

State Date started Date ended

To be completed by the parent:

Please state how your child can benefit from The Academy's customized educational programs:



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Tell us about your child not only as a student, but as a person, citing your child's personal interests (150 words or fewer):

Describe examples of challenges your child has faced in school (academic and social):



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What motivates your child to succeed? (i.e., praise, goals, competition)

Please let us know of any other information that would help us to better understand your child.



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To be completed by the student:

What is your favorite memory?

If you were President of the United States, what would you do and why?

If schools didn't exist (neither high school nor college), how would you spend your time?