



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

Please answer the below questions:

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.