



The Buffalo Academy of Scholars

Application for Admission

2016-2017

Student Information

First Name	Last Name	M.I
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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
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Current Grade	Parent Email Address
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Residence

Street Address

Street Address Line 2

City	State	Zip Code
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School District of Residence

Daytime phone number (cell)	Evening Phone Number
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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 from student's)

Street Address

Street Address Line 2

City

State

Zip Code

Enrollment History

Current School 2015-2016

School Name

City

State

Date started

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:

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):

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.