

Houghton Academy

9790 Thayer Street, Houghton, NY 14744 (585) 567-8115; fax: (585) 567-8048 E-Mail: Admissions@Houghton.Academy Website: www.houghtonacademy.org

Application for Admission 6th-8th Grade

Application Checklist:

All of the following items must be returned before your admission can be finalized. We are equipped to receive your application on paper, via fax, email, or online.

- Applicant Information Pages
- Preliminary Medical Screening Page
- Report Card

Please include a copy of the applicant's most recent report card.

Test Scores

We may administer an admissions test to you if you have not taken any standardized tests. Please include any standardized test scores with your application.

Photo

After we have received your **complete** application, it will be reviewed by our admissions committee. We will respond to you promptly with our decision. Your approved application does not bind you to attend, nor does it guarantee a place for you. Admission is on a first-come, first-served basis.



9790 Thayer Street, Houghton, NY 14744 Phone: (585) 567-8115; Fax: (585) 567-8048 E-Mail: Admissions@Houghton.Academy Website: www.houghtonacademy.org

APPLICANT INFORMATION

FAMILY NAME	First Name	Middle Name	9	Preferred Name or Nickname
Home Address		Home Address	s (continued)	
City	State/Province	Country		Zip/Postal Code
Home Telephone (include country, city,	and area code)	Fax Number ((include country, city, and	d area code)
Date of Birth (Month/Day/Year)	City of Birth	Country of E	Birth	Country of Citizenship
☐ Male ☐ Female Applican	t E-Mail Address			
Month/Year of Proposed Entrance	(Current Grade		Applying for Grade
EDUCATION				
Present School				
School Name			Dates of Attendar	nce
Address	City	State/Province	Country	Zip/Postal Code
Head or Counselor	Telephone		Fax Number	
Did your son or daughter repeat a y	ear? If so, what grade?			
Was your son or daughter ever ask	ed to withdraw from any so	chool, suspended, or put o	on probation? If yes, pl	ease provide explanation.

FAMILY INFORMATION

Father/Guardian

Name		Oc	ccupation		N	lame of Company
Home Address (if different t	rom student)	City	State/F	Province	Country	y Zip/Postal Code
Business Address		City	State/F	Province	Country	y Zip/Postal Code
Business Telephone (includ	e country, city, and area code	s)	Home	Telephone (includ	le country, city, a	nd area codes)
Fax Number (include countr	y, city, and area codes)		E-Mail	Address		
Mother/Guardian						
Name		Oc	ccupation		N	lame of Company
Home Address (if different t	rom student)	City	State/F	Province	Country	y Zip/Postal Code
Business Address	Cit	y	State/Provi	nce	Country	Zip/Postal Code
Business Telephone (includ	e country, city, and area code	s)	Home	Telephone (includ	le country, city, a	nd area codes)
Fax Number (include countr	y, city, and area codes)		E-Mail Address			
Educational Agent (No	ot required)					
Name			Name of C	Company		
Address	City	St	ate/Province	Coun	try	Zip/Postal Code
Telephone (include country,	city, and area codes)					
Fax Number (include countr	y, city, and area codes)		E-Ma	il Address		
Applicant lives with?	**************************************	********** :her	Mother	**************************************		*************
	materials be sent? Fa		☐ Mother	□ Both	_	
Where should bills be ser	_		☐ Mother	□ Both	_	
Check if appropriate:	Father Deceased Mother Deceased	☐ Par	ents Divorced ents Separated	☐ Father Re	married [Living Outside U.S.
If parents are divorced or	separated, who has legal	custody c	of the applicant?			
First language, other than	n English		Lar	nguage spoken i	in the home	

NFORMATION ABOUT BROTHERS AND SISTE		
	ERS (use additional sheet if	f necessary)
Name	Age	School
Relatives of applicant who have attended Ho	oughton Academy:	
PRELIMINARY CONTRACT		
lame of Parent(s)/Guardian(s)		
lame of Student		
We agree to support the philosophy a expressed in the school catalog and ha		ectations and regulations of Houghton Academy as
Our child has full permission to participa	ate in all school-sponsore	ed activities.
In an emergency when we the parents		e reached, the Houghton Academy authorities have
our permission to act in place of pare authorizations.	ents and thus make de	cisions with regard to our child, including medical
our permission to act in place of pare		
our permission to act in place of pare authorizations. We give permission for our child's photo We understand that a financial contract	ograph to be used in Hou dagreement will be prese	
our permission to act in place of pare authorizations. We give permission for our child's photo. We understand that a financial contract is to sign that contract as well and we Houghton Academy.	ograph to be used in Hou dagreement will be prese ve agree to pay all the	ughton Academy promotional materials. ented to us when our child is accepted; our intention
our permission to act in place of pare authorizations. We give permission for our child's photo We understand that a financial contract is to sign that contract as well and we Houghton Academy. Father's Signature	ograph to be used in Hout/agreement will be preseve agree to pay all the	ughton Academy promotional materials. ented to us when our child is accepted; our intention expenses incurred by our child when enrolled in



9790 Thayer Street, Houghton, NY 14744 Phone: (585) 567-8115; Fax: (585) 567-8048 E-Mail: Admissions@Houghton.Academy Website: www.houghtonacademy.org

PRELIMINARY MEDICAL SCREENING

1.	Has the applicant generally been in good health? If not, please explain.
2.	Has the applicant ever had an allergic reaction? If so, please explain.
3.	Is the applicant taking any prescriptions or over-the-counter medications on a daily basis? If so, please list them.
4.	Does the applicant have any present physical limitations that would require adjustments to a normal school routine? I yes, please explain.
5.	Has the applicant been seen by a mental health professional for mental health issues? If so, please provide details on a separate sheet. Please list date of onset, diagnosis, and resolution.
6.	Are the applicant's immunizations up-to-date? A complete list of immunizations will be required prior to enrollment.
7.	Does the applicant have asthma?