



## Application for Admission 9<sup>th</sup>-12<sup>th</sup> Grade Day Student

### 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. An interview is required; a phone/video interview may suffice in some situations.

- **Applicant Information Pages**
- **Applicant Essays**
- **English Teacher Reference**
- **Math Teacher Reference**
- **Character Reference**

Recommendations may be sent directly from your references, or you may gather them and return the complete set all together. You may use the attached reference forms **or** your references can write a letter on your behalf.

- **Preliminary Medical Screening Page**
- **Transcripts**

Transcripts for all high school courses will be required. Please provide a translation of any documents not written in English. If applying for 8<sup>th</sup> grade, please include a copy of your most recent report card.

- **Test Scores**

**If you are applying for admission to grade 11 or grade 12, you MUST include a standardized test score.** Any of the following are acceptable: achievement tests (Stanford, California, etc.); Secondary School Admission Test (SSAT); National Educational Development Test (NEDT); SAT; ACT; Secondary Level Assessment Test of English (iTEP-SLATE); or the Test of English as a Foreign Language (TOEFL, TOEFL iBT, TOEFL Jr.). The TOEFL is the preferred test. Other tests may suffice. We do not have a cut-off for test scores. We review your entire application, which includes your grades and teacher recommendations.

**If you are applying for admission to grade 9 or grade 10,** we can evaluate your application without any standardized test scores, but we prefer that you submit one.

- **Photo**

We must receive your **complete** application by the application deadline. All applications will then be reviewed by our admissions committee. We will notify all applicants by the Notification of Admissions Decisions date. Application deadline and notification dates can be found on our website. Your approved application does not bind you to attend, nor does it guarantee a place for you.





# Houghton Academy

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 Preferred Name or Nickname

Home Address Home Address (continued)

City State/Province Country Zip/Postal Code

Home Telephone (include country, city, and area code) Fax Number (include country, city, and area code)

Date of Birth (Month/Day/Year) City of Birth Country of Birth Country of Citizenship

Male  Female Applicant E-Mail Address

Month/Year of Proposed Entrance Current Grade Applying for Grade

## EDUCATION

### Present School

School Name Dates of Attendance

Address City State/Province Country Zip/Postal Code

Head or Counselor Telephone Fax Number

Did your son or daughter repeat a year? If so, what grade? \_\_\_\_\_

Was your son or daughter ever asked to withdraw from any school, suspended, or put on probation? If yes, please provide explanation.

\_\_\_\_\_

**FAMILY INFORMATION**

**Father/Guardian**

Name	Occupation	Name of Company		
Home Address (if different from student)	City	State/Province	Country	Zip/Postal Code
Business Address	City	State/Province	Country	Zip/Postal Code
Business Telephone (include country, city, and area codes)		Home Telephone (include country, city, and area codes)		
Fax Number (include country, city, and area codes)		E-Mail Address		

**Mother/Guardian**

Name	Occupation	Name of Company		
Home Address (if different from student)	City	State/Province	Country	Zip/Postal Code
Business Address	City	State/Province	Country	Zip/Postal Code
Business Telephone (include country, city, and area codes)		Home Telephone (include country, city, and area codes)		
Fax Number (include country, city, and area codes)		E-Mail Address		

**Educational Agent (Not required)**

Name	Name of Company			
Address	City	State/Province	Country	Zip/Postal Code
Telephone (include country, city, and area codes)				
Fax Number (include country, city, and area codes)		E-Mail Address		

\*\*\*\*\*

Applicant lives with?       Father       Mother       Both       Other \_\_\_\_\_

Where should admission materials be sent?  Father       Mother       Both       Other \_\_\_\_\_

Where should bills be sent?       Father       Mother       Both       Other \_\_\_\_\_

Check if appropriate:       Father Deceased       Parents Divorced       Father Remarried       Living Outside U.S.  
 Mother Deceased       Parents Separated       Mother Remarried

If parents are divorced or separated, who has legal custody of the applicant? \_\_\_\_\_

First language, other than English \_\_\_\_\_ Language spoken in the home \_\_\_\_\_

Declaration of ethnicity (optional) \_\_\_\_\_

INFORMATION ABOUT BROTHERS AND SISTERS (use additional sheet if necessary)

Name	Age	School
Name	Age	School
Name	Age	School
Name	Age	School

Relatives of applicant who have attended Houghton Academy: \_\_\_\_\_  
\_\_\_\_\_

**PRELIMINARY CONTRACT**

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Name of Student \_\_\_\_\_

We agree to support the philosophy and to abide by the expectations and regulations of Houghton Academy as expressed in the school catalog and handbook.

Our child has full permission to participate in all school-sponsored activities.

In an emergency when we, the parents or guardians, cannot be reached, the Houghton Academy authorities have our permission to act in place of parents and thus make decisions with regard to our child, including medical authorizations.

We give permission for our child's photograph to be used in Houghton Academy promotional materials.

We understand that a financial contract/agreement will be presented to us when our child is accepted; our intention is to sign that contract as well and we agree to pay all the expenses incurred by our child when enrolled in Houghton Academy.

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

How did you hear about Houghton Academy? \_\_\_\_\_  
\_\_\_\_\_





## REFERENCE FROM ENGLISH TEACHER

### Applicant Information (to be completed by applicant)

Name of Applicant

Grade Applying For

Complete Address

Complete Address (continued)

### To Be Completed by English Teacher

The applicant is a candidate for admission to Houghton Academy, a co-educational, college preparatory Christian school which demands of its students a high level of integrity and scholastic effort. Please be frank in your responses; the information you provide is confidential according to law. Thank you for your time and consideration.

#### Academic Information

- How long have you known the applicant?     1 year or less     1-2 years     2-3 years     3 or more years
- Does the applicant have a record of honesty in the classroom?     Yes     No    If no, please explain:
- If the student has taken any standardized English assessments (TOEFL, SLEP, etc.), please give scores: \_\_\_\_\_

AREAS	RATING	COMMENT
Homework	<input type="checkbox"/> Assignments always completed on time and well done <input type="checkbox"/> Assignments occasionally late and/or disorderly <input type="checkbox"/> Assignments often not completed or done poorly <input type="checkbox"/> Assignments seldom done adequately	
Participation	<input type="checkbox"/> Actively participates in class with insight and evident preparation <input type="checkbox"/> Participates when called upon; displays understanding <input type="checkbox"/> Participates when called upon; often lacks understanding <input type="checkbox"/> Refuses to participate in a positive manner	
Ability	<input type="checkbox"/> Excellent student; top 10% of the class <input type="checkbox"/> Good student; second 10% <input type="checkbox"/> Average student <input type="checkbox"/> Poor student	
Leadership	<input type="checkbox"/> Leads classroom peers easily in a positive manner and direction <input type="checkbox"/> Prefers to follow, but will stand against poor classroom behavior <input type="checkbox"/> Follows others of questionable judgment <input type="checkbox"/> Leads others in poor classroom behavior	
Writing	<input type="checkbox"/> Writes clearly, with creativity and good grammar <input type="checkbox"/> Communicates ideas fairly well; average grammar <input type="checkbox"/> Little clarity or understanding of grammar	
Reading	<input type="checkbox"/> Reads with enthusiasm several grade levels above current grade <input type="checkbox"/> Reads well at current grade level <input type="checkbox"/> Struggles to read at current grade level <input type="checkbox"/> Reading level far below current grade level	

#### Social Information

- Does the applicant have a history of:
- |                              |                              |                             |                                     |
|------------------------------|------------------------------|-----------------------------|-------------------------------------|
| Use of tobacco               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Use of alcoholic beverages   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Use of drugs (non-medicinal) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Sexual promiscuity           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

**Reference from English Teacher**

AREAS	RATING	COMMENT
Sociability	<input type="checkbox"/> Prefers to spend time with others <input type="checkbox"/> Prefers to be solitary <input type="checkbox"/> Cooperates reasonably <input type="checkbox"/> Has difficulty relating to others <input type="checkbox"/> Tends to be bossy, argumentative	
Responsibility	<input type="checkbox"/> Excellent, volunteers for tasks <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible	
Emotional Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable; moody; upsets others <input type="checkbox"/> Apathetic; irresponsible	
Obedience	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable	
Industry	<input type="checkbox"/> Hard worker <input type="checkbox"/> Good- dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy, needs constant supervision	
Judgment	<input type="checkbox"/> Unusual maturity <input type="checkbox"/> Average common sense <input type="checkbox"/> Immature, erratic <input type="checkbox"/> Poor	
Parental Involvement	<input type="checkbox"/> Eagerly seek to involve themselves in student's life <input type="checkbox"/> Must be encouraged to involve themselves, but supportive <input type="checkbox"/> Often defensive and unsupportive <input type="checkbox"/> Have remained uninvolved	
Altruism	<input type="checkbox"/> Demonstrates an inner concern for the needs of others <input type="checkbox"/> Will act on behalf of others when asked <input type="checkbox"/> Must be strongly encouraged to accommodate others <input type="checkbox"/> Self-centered; unconcerned about others	

**Summary Evaluation**

Please summarize your overall assessment of this candidate's maturity and abilities in relation to his/her peers:

Outstanding     
  Excellent     
  Good     
  Fair     
  Poor

Please indicate your evaluation of the applicant's potential to succeed in an environment like that of Houghton Academy (as described on the front of this sheet):

Outstanding     
  Excellent     
  Good     
  Fair     
  Poor

---

 Teacher's Name

---

 School Name

---

 School Phone

---

 School Address

---

 School Address (continued)

---

 Teacher's Signature

---

 Date

*Please return this form to Houghton Academy. Thank you.*





# Houghton Academy

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

## REFERENCE FROM MATH TEACHER

### Applicant Information (to be completed by applicant)

Name of Applicant

Grade Applying For

Complete Address

Complete Address (continued)

### To Be Completed by Math Teacher

The applicant is a candidate for admission to Houghton Academy, a co-educational, college preparatory Christian school which demands of its students a high level of integrity and scholastic effort. Please be frank in your responses; the information you provide is confidential according to law. Thank you for your time and consideration.

#### Academic Information

- How long have you known the applicant?     1 year or less     1-2 years     2-3 years     3 or more years
- Does the applicant have a record of honesty in the classroom?     Yes     No    If no, please explain:

AREAS	RATING	COMMENT
Homework	<input type="checkbox"/> Assignments always completed on time and well done <input type="checkbox"/> Assignments occasionally late and/or disorderly <input type="checkbox"/> Assignments often not completed or done poorly <input type="checkbox"/> Assignments seldom done adequately	
Participation	<input type="checkbox"/> Actively participates in class with insight and evident preparation <input type="checkbox"/> Participates when called upon; displays understanding <input type="checkbox"/> Participates when called upon; often lacks understanding <input type="checkbox"/> Refuses to participate in a positive manner	
Ability	<input type="checkbox"/> Excellent student; top 10% of the class <input type="checkbox"/> Good student; second 10% <input type="checkbox"/> Average student <input type="checkbox"/> Poor student	
Leadership	<input type="checkbox"/> Leads classroom peers easily in a positive manner and direction <input type="checkbox"/> Prefers to follow, but will stand against poor classroom behavior <input type="checkbox"/> Follows others of questionable judgment <input type="checkbox"/> Leads others in poor classroom behavior	
Reasoning	<input type="checkbox"/> Able to reason well at advanced grade levels <input type="checkbox"/> Reasons well at current grade level <input type="checkbox"/> Struggles to reason at current grade level <input type="checkbox"/> Reasoning level far below current grade level	
Computation	<input type="checkbox"/> Able to compute well at advanced grade levels <input type="checkbox"/> Computes well at current grade level <input type="checkbox"/> Struggles to compute at current grade level <input type="checkbox"/> Computation level far below current grade level	

#### Social Information

- Does the applicant have a history of:
- |                              |                              |                             |                                     |
|------------------------------|------------------------------|-----------------------------|-------------------------------------|
| Use of tobacco               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Use of alcoholic beverages   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Use of drugs (non-medicinal) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Sexual promiscuity           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

**Reference from Math Teacher**

AREAS	RATING	COMMENT
Sociability	<input type="checkbox"/> Prefers to spend time with others <input type="checkbox"/> Prefers to be solitary <input type="checkbox"/> Cooperates reasonably <input type="checkbox"/> Has difficulty relating to others <input type="checkbox"/> Tends to be bossy, argumentative	
Responsibility	<input type="checkbox"/> Excellent, volunteers for tasks <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible	
Emotional Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable; moody; upsets others <input type="checkbox"/> Apathetic; irresponsible	
Obedience	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable	
Industry	<input type="checkbox"/> Hard worker <input type="checkbox"/> Good- dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy, needs constant supervision	
Judgment	<input type="checkbox"/> Unusual maturity <input type="checkbox"/> Average common sense <input type="checkbox"/> Immature, erratic <input type="checkbox"/> Poor	
Parental Involvement	<input type="checkbox"/> Eagerly seek to involve themselves in student's life <input type="checkbox"/> Must be encouraged to involve themselves, but supportive <input type="checkbox"/> Often defensive and unsupportive <input type="checkbox"/> Have remained uninvolved	
Altruism	<input type="checkbox"/> Demonstrates an inner concern for the needs of others <input type="checkbox"/> Will act on behalf of others when asked <input type="checkbox"/> Must be strongly encouraged to accommodate others <input type="checkbox"/> Self-centered; unconcerned about others	

**Summary Evaluation**

Please summarize your overall assessment of this candidate's maturity and abilities in relation to his/her peers:

- Outstanding     
  Excellent     
  Good     
  Fair     
  Poor

Please indicate your evaluation of the applicant's potential to succeed in an environment like that of Houghton Academy (as described on the front of this sheet):

- Outstanding     
  Excellent     
  Good     
  Fair     
  Poor

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Phone

\_\_\_\_\_  
School Address

\_\_\_\_\_  
School Address (continued)

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

*Please return this form to Houghton Academy. Thank you.*



## CHARACTER REFERENCE (anyone outside your family who knows your character, but preferably your Pastor)

### Applicant Information (to be completed by applicant)

Name of Applicant

Grade Applying For

Complete Address

Complete Address (continued)

### To Be Completed by Pastor or Reference

The applicant is a candidate for admission to Houghton Academy, a co-educational, college preparatory Christian school which demands of its students a high level of integrity and scholastic effort. Please be frank in your responses; the information you provide is confidential according to law. Thank you for your time and consideration.

AREAS	RATING	COMMENT
Home Background	<input type="checkbox"/> Two-parent home; stable <input type="checkbox"/> Two-parent home; unstable <input type="checkbox"/> One-parent home; stable <input type="checkbox"/> One-parent home; unstable	
Home Discipline	<input type="checkbox"/> Balanced <input type="checkbox"/> Too little <input type="checkbox"/> Too much <input type="checkbox"/> Inconsistent	
Altruism	<input type="checkbox"/> Demonstrates an inner concern for the needs of others <input type="checkbox"/> Will act on behalf of others when asked <input type="checkbox"/> Must be strongly encouraged to accommodate others <input type="checkbox"/> Self-centered; unconcerned about others	
Obedience	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable	
Emotional Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable; moody; upsets others <input type="checkbox"/> Apathetic; irresponsible	
Industry	<input type="checkbox"/> Hard worker <input type="checkbox"/> Good- dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy, need constant supervision	
Judgment	<input type="checkbox"/> Unusual maturity <input type="checkbox"/> Average common sense <input type="checkbox"/> Immature, erratic <input type="checkbox"/> Poor	
Responsibility	<input type="checkbox"/> Excellent; volunteers for tasks, accepts responsibility for actions <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible	
Leadership	<input type="checkbox"/> Leads classroom peers easily in a positive manner and direction <input type="checkbox"/> Prefers to follow, but will stand against poor group behavior <input type="checkbox"/> Follows others of questionable judgment <input type="checkbox"/> Leads others in poor group behavior	
Parental Involvement	<input type="checkbox"/> Eagerly seek to involve themselves in student's life <input type="checkbox"/> Must be encouraged to involve themselves, but supportive <input type="checkbox"/> Often defensive and unsupportive <input type="checkbox"/> Have remained uninvolved	

### Character Reference

1. How long have you known the applicant?  1 year or less  1-2 years  2-3 years  3 or more years

In what relationship? \_\_\_\_\_

2. How well do you know him/her?  Intimately  Fairly well  Casually

3. Does the applicant demonstrate a desire to grow spiritually?  Yes  No

If yes, what evidence do you see of this? \_\_\_\_\_

\_\_\_\_\_

4. What do you consider to be the major strong points of the applicant? \_\_\_\_\_

\_\_\_\_\_

5. What do you consider to be the major weaknesses of the applicant? \_\_\_\_\_

\_\_\_\_\_

6. Does the applicant have a history of: Use of tobacco  Yes  No  Don't know

Use of alcoholic beverages  Yes  No  Don't know

Use of drugs (non-medicinal)  Yes  No  Don't know

Sexual promiscuity  Yes  No  Don't know

If yes to any, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Summary Evaluation

Please summarize your overall assessment of this candidate's maturity and abilities in relation to his/her peers:

Outstanding  Excellent  Good  Fair  Poor

Please indicate your evaluation of the applicant's potential to succeed in an environment like that of Houghton Academy (as described on the front of this sheet):

Outstanding  Excellent  Good  Fair  Poor

\_\_\_\_\_  
Evaluator's Name

\_\_\_\_\_  
Evaluator's Organization, if any Phone

\_\_\_\_\_  
Evaluator's Address

\_\_\_\_\_  
Evaluator's Address (continued)

\_\_\_\_\_  
Evaluator's Signature Date

*Please return this form to Houghton Academy. Thank you.*



## PERSONAL ESSAYS

---

Name

Date

*Please answer the following questions in your own handwriting and in English.*

### **For All Students**

1. Describe your family: relationship with parents, relationship with brothers and/or sisters, kinds of things you do as a family.
  
  
  
  
  
  
  
  
  
  
2. Describe yourself: how do friends describe you, how do adults describe you, what kinds of things do you like/dislike.
  
  
  
  
  
  
  
  
  
  
3. Why do you want to attend Houghton Academy? What do you look forward to the most?
  
  
  
  
  
  
  
  
  
  
4. Please list any honors, awards, prizes, etc., that you have received during the last three years in your school or community.

**PERSONAL ESSAYS**

5. What is your religious background? What church do you attend, if any? What does it mean to you to be a Christian?
6. What single event has had the greatest impact on your life? (Good or bad) How has it affected you?
- 
- For Prospective Boarding Students Only**
7. What is the longest you have been away from your family? How do you feel about that experience?
8. What do you think will be the most difficult aspect of being a resident student and how do you think you will overcome it?
9. What characteristics do you have which will help you be a good roommate? What characteristics do you look for in a roommate?



## 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? If 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?