



Houghton Academy

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

Application for Admission 6th & 7th 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.



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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)

Current mailing address if different from your home address. (NOT educational agency address)

Temporary Address Temporary Address (continued)

City State/Province Country Zip/Postal Code

I will be at this temporary address until (date, mm/dd/yy) _____

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

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? _____



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?