



## MIDDLE SCHOOL PREP PROGRAM APPLICATION

For students currently in 5th or 6th grade

### APPLICATION CHECKLIST:

Applications can be mailed, faxed, or dropped off to the address below.

- Proof of Income\* (Household income cannot exceed \$65,000).  
\*Income must be included for all parents/guardians financially responsible for student

**Acceptable Documents:**

W-2  
1040 tax return form  
paystubs (2 months)  
any benefit statement i.e. Social Security, Unemployment, etc.

- Student's most recent report card  
Progress reports will not be accepted; must be student's report card.

#### ***Admissions Timeline: November-April***

Applications will be reviewed from November-April. Decisions will be made by April 30.  
Enrollment fee due upon acceptance.

#### ***Program Overview***

Middle School Prep is a 5-week summer academic program that provides post- 5th and 6th grade students with academic, cultural, and social enrichment and exposes them to the resources of Buffalo Prep. Students take accelerated classes in math, English, social studies, technology, and science. The program focuses on increasing test scores and improving developmental assets to instill academic confidence and a love of learning. Middle School Prep provides the support and enrichment necessary to ensure academic success during the middle school years and beyond.

**Timeframe: 5 weeks, July-August**

**Location: Nichols School**

**Schedule: Monday-Friday, 8:30am-4:00pm**



# Buffalo Prep

## Middle School Prep Program Application For students currently in 5th or 6th grade

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214  
(P) 716.829.3605 (F) 716.829.2735

Student's Full Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Number and Street Apt#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_  Home  Office  Cell

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Male  Female

Check all that apply to applicant:

- Black
- Native American
- Hispanic
- Asian
- Other

If other, please list: \_\_\_\_\_

Gross Family Income: \_\_\_\_\_

Language Spoken in Home: \_\_\_\_\_

Student First Language: \_\_\_\_\_

Parent/Guardian First Language: \_\_\_\_\_

\*\*Student Social Security #: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

### Previous School(s) your child has attended and years

School	Grade	Date of Attendance

Did your child skip or repeat a grade?

- Yes
- No

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

Does your child have an Individual Education Plan (IEP) and/or a 504 plan?

- Yes
- No

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

### Additional Household Information

Please list all school-age children in your household.

Name	Grade	School

How did you hear about us? \_\_\_\_\_

Have you or your child participated in a Buffalo Prep program? Yes  No  If yes, please specify: \_\_\_\_\_

Student's parents are (check all that apply):

Married  Separated  Divorced  Never Married  Mother Deceased  Father Deceased

Student Lives with:

Father  Mother  Guardian  Father & Stepparent  Mother & Stepparent

Single Parent Household  Yes  No

Parent/Guardian Name 1: \_\_\_\_\_

Male  Female

Relationship to student:

Father  Mother  Guardian  Stepparent  Other: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from student's) Number and Street Apt#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_  Home  Office  Cell

Contact Number: \_\_\_\_\_  Home  Office  Cell

Contact Number: \_\_\_\_\_  Home  Office  Cell

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Phone No. \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_

Male  Female

Relationship to student:

Father  Mother  Guardian  Stepparent  Other: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from student's) Number and Street Apt#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_  Home  Office  Cell

Contact Number: \_\_\_\_\_  Home  Office  Cell

Contact Number: \_\_\_\_\_  Home  Office  Cell

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_



# Buffalo Prep

## Middle School Prep Program Application Testing Consent

### Testing Consent:

I hereby give permission for BUFFALO PREP to administer tests of academic ability and achievement, including group-administered tests and an individually administered intelligence test, as well paper-and-pencil questionnaires and short essays concerned with attitude to my child,

(Students Full Name) \_\_\_\_\_  
*First Middle Last*

as part of the selection procedure for admission to BUFFALO PREP. I understand the result of tests will be used for no purpose other than the selection of BUFFALO PREP participants and, possibly, as supporting material for subsequent preparatory school applicants. I understand the results of these tests will be proprietary for Buffalo Prep's use only.

I also give my consent for BUFFALO PREP to request letters of recommendation from my child's present Math and English teachers and/or a response to a questionnaire concerning my child's study skills, motivation attendance and personality traits that may be relevant to a decision concerning my child's probable success at BUFFALO PREP. I also give my consent for such information to be requested orally from the teacher(s) should time not permit written materials being sought. I likewise give my consent for my child's teacher(s) to supply the aforementioned information, either in writing, orally or both.

I hereby declare that the consent herein granted is entirely voluntary on my part.

Parent/Guardian: \_\_\_\_\_  
*Signature* \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Print*

### Transcript Request:

The Student named below is an applicant for admission to BUFFALO PREP. Copies of grades and scores on standardized tests are needed for evaluation.

University at Buffalo  
18 Acheson Annex  
Buffalo, New York 14214  
Fax 716.829.2735

Dear Register:

**I AUTHORIZE THE RELEASE OF TRANSCRIPTS TO BUFFALO PREP.**

Student's Name: \_\_\_\_\_ **Grade:** \_\_\_\_\_  
*Print*  
Parent Name: \_\_\_\_\_  
*Print* \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature*



**Middle School Prep Program Application Activity Consent**

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214

(P) 716.829.3605 (F) 716.829.2735

**Offsite Activity Consent:**

I give my child permission to participate in all BUFFALO PREP activities on and off site.

Parent Name: \_\_\_\_\_  
*Print*

\_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_

**Media Consent:**

I give Buffalo Prep permission to photograph and videotape my child for promotional purposes including print media, television, and internet.

Parent Name: \_\_\_\_\_  
*Print*

\_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_



## Buffalo Prep

### Middle School Prep Parent/Guardian Responses

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214  
(P) 716.829.3605 (F) 716.829.2735

**Please answer the below questions:**

**Your application will not be considered if these questions are not answered.**

1) Buffalo Prep requires time, commitment, and dedication from its students and their families. Why do you and your student want to be a part of Buffalo Prep? How do you think this program could benefit your student?

2) What are your student's strengths (academic and non-academic)?